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LABORATORY FINDINGS; THEIR PROPER INTERPRETATION.

By Otto Lowy, M. D.,
Newark, N. J.

Director of the Serological Laboratory, Newark.

The modern laboratory is an adjunct to the proper practice of medicine, i.e. it is valuable to the physician as an aid to diagnose disease and in determining the efficacy of the treatment. However, its value does not consist of a 100 per cent. efficiency, it rather depends on the proper interpretation and the correlation of the clinical findings with the laboratory results. It must not be forgotten that all the various examinations, no matter how accurate their results may be in test tubes, depend upon certain conditions within the patient over which the laboratory has no control. To illustrate: In diabetes the patient may be on a strict diet and none of the known methods of determining sugar in the urine will disclose the condition. Still that does not mean that the patient is not suffering from diabetes. Or as in typhoid the Widal may be negative, etc.

It is therefore a pleasure to comply with the request of the editor of the New Jersey State Medical Journal and attempt to give the profession through its columns what is thought to be the proper interpretation of laboratory findings. In compiling this I have taken the experiences of such men as Kaplan, Wood, Simon, Noguchi, Meyers, Fine and others, all of whom stand at the head of the profession as the leading exponents of experimental medicine and pathology. The subject is so vast that it has been decided not to take up any individual disease, but to chart the results of the tests as reported and fit them to the various conditions, giving their approximate accuracy and value in percentage.

SEROLOGY.

By Serology we understand the investigation of the serum with reference to its antibody content. Antibodies are supposedly formed by the introduction into the body of a foreign protein, i. e. microorganisms.

We are particularly interested in the study of the so-called complement deviation or fixation test, of which the Wassermann test is the best known and probably least understood.

The Wassermann test for syphilis has been performed in millions of cases and has proven to be so constantly present in syphilis that it is of great value.

There are a number of modifications of this test, the main idea of the modification being to make the test more sensitive and each one is of distinct value only if properly controlled and interpreted.

Wassermann Test and Its Various Modifications:

1. The original Wassermann test.
2. Noguchi.
3. Wassermann test with Cholestrin reinforced Antigen.
4. Hecht-Weinberg-Gradwohl.

The original Wassermann and Noguchi methods are fairly accurate and not too sensitive. By that I mean that with the exception of leprosy and some tropical diseases these reactions always give negative results in non-syphilis cases. The other two are so sensitive that a large percentage of non-syphilitic cases give positive results.

They are important in the determination of the value of the treatment. For instance, a known syphilitic case under treatment giving a negative Wassermann or a Noguchi and a positive Cholestrin reinforced or Hecht-Weinberg reaction, should not be considered cured. The drawback consists in the fact that we do not know whether this individual before contracting syphilis did not have a serum which bound complement with the last two tests.

In our laboratory we have confined our-

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selves to the Wassermann and controlled by the Noguchi. The results of the Wassermann are recorded as follows:

++++ and +++ Wassermann are positive indications of syphilis.

++ Strongly suggestive of syphilis.

+ Suspicious of syphilis.

A positive Noguchi corresponds to a ++++, +++ and ++ positive. A weak positive Noguchi to a + Wassermann.

Occasionally the laboratory will report that the serum binds complement and other specimen will be asked for. That means that the serum has undergone some change which causes the complement to deviate without the presence of antigen, and it is therefore impossible to read the test. This usually occurs in old serum, but I have seen the same condition arise in perfectly fresh blood.

Appended is a comparison of the Wassermann and Noguchi systems taken from 1286 cases, the results of which were obtained by D. M. Kaplan.

Comparison of the Wassermann and Noguchi systems. (Results obtained by D. M. Kaplan):

	Wassermann.		Noguchi.	
	+		+	
		Per cent.		Per cent.
Primary Syphilis	90	10	97	3
Secondary Syphilis	86	14	98	2
Tertiary Syphilis	73	27	81	19
Latent Syphilis	51	49	75	25
Hereditary Syphilis	90	10	90	10
Tabes Syphilis	60	40	65	35
General Paresis	65	35	72	28
Cases for Diagnosis	31	69	57	43

A positive Wassermann may be temporarily transformed into a negative by the ingestion of alcohol or by mercury, so that it is always advisable before taking the blood for the test to assure ourselves that the patient has not had mercury for at least two weeks, or alcohol at least three days before the test is made.

Sera giving ++++ or +++ reactions are without question indications of syphilis. When confronted by a ++ or a + the physician must consider the history and the symptoms of the case before forming an opinion. If that is not possible he may use the other methods described below.

In treated cases a + indicates that the patient is not cured and treatment must be continued. However, some cases even if extensively treated never become negative, this condition is called Wassermann fast.

NEGATIVE WASSERMANN REACTIONS.

Unfortunately a negative Wassermann does not give assurance that the patient is not suffering from syphilis as may be seen from above chart. Even repeated negatives are of little value. The physician must weigh all the evidence and then if still unable to arrive at a conclusion, may resort to the provocative test. This consists of giving the patient an intravenous injection of Arsphenamin (Salvarsan). In the presence of syphilis the Wasserman will usually become positive in from 5 days to a week.

In patients suffering from nerve symptoms a blood Wassermann, especially if negative, should always be supplemented by spinal fluid examination.

Normal Spinal Fluid:

Negative Wassermann.
Negative Globulin.
Negative Colloidal Gold Test.
Form 4 to 6 cells per Cmm.

Syphilitic Spinal Fluid.

Wassermann Positive.
Globulin Positive.
Colloidal Gold Positive.
More than 10 cells per Cmm.

With a negative Wassermann and positive findings of the other 3 tests the case should be considered syphilitic.

No case of syphilis should be discharged as cured without an examination of the spinal fluid.

COMPLEMENT FIXATION FOR GONORRHEA.

The complement fixation for gonorrhea is the same as the Wassermann, excepting that instead of using the usual antigen used in the Wassermann an antigen is prepared from gonococci. It is a specific test and positive in 95 per cent. of gonorrhea cases of at least two weeks standing.

In 1915 Dr. L. L. Davidson of the Newark Beth Israel Hospital examined one hundred married women taken at random from the Gynecological Clinic and he found that twenty per cent. of the women were suffering from gonorrhea. Further investigation revealed the fact that the husbands of these women had had gonorrhea and were supposedly cured. He has come to the conclusion that no man suffering from gonorrhea should be discharged as cured unless he gives a negative complement fixation test for gonorrhea.

COMPLEMENT FIXATION FOR TUBERCULOSIS.

The complement fixation test for tuberculosis comes under the same heading as the foregoing. Heretofore the main difficulty had been to obtain an antigen which was dependable. In another article I shall give my findings in this test in tuberculosis.

(To be continued.)

MENINGITIS.

By Hyman I. Goldstein, M. D.,
Camden, N. J.

A third case report by Dr. Goldstein was received too late for insertion in his paper on Meningitis in last month's Journal. It is as follows:

Emma Z., age 5 years, white, female child, had influenza and pneumonia (?) several weeks ago, and has been ailing with fever, etc., up to the time I first saw her. At this time she had stiffness of the neck, strabismus, positive Kernig sign, cerebral tache—Trousseau's sign; Squire's sign +, a rythmical dilatation and contraction of the pupils caused by extending and flexing the head; "scaphoid" abdomen and emaciation; outcrying, frequently, etc. At the first lumbar puncture about 55 c.c. of fluid was withdrawn under considerable pressure, this fluid was clear, no micro-organisms were demonstrable, cell count 920 per cu. mm.; polymorphonuclears, 70%; mononuclears, 26%; Noguchi globulin test, ++++; Heller's test, ++++; acetoferrocyanid test, +++; reducing substance absence; lactic acid, +; 1 drop; $KMNO_4$ test + seconds; Wassermann test negative.

A tentative diagnosis of tuberculous meningitis was made. At the second lumbar puncture about 40 c.c. of slightly turbid fluid was withdrawn. Upon centrifuging a thin purulent sediment formed. Numerous pus cells, of course—polymorphonuclears, 85%; Noguchi globulin test, ++++; reducing substance, trace; $KMNO_4$ test + 10 seconds; Heller's test, ++++; acetoferrocyanid test, +++; meningococcus present intracellularly in extremely few numbers. On November 12th, the report from Dr. A. I. Rubenstone, pathologist and bacteriologist of Mount Sinai Hospital, showed a finer purulent sediment to be present in the fluid taken at the third lumbar puncture. There were also present meningococci in few numbers —these were relatively decreased in numbers. 60 c.c. C. S. fluid were withdrawn at fourth lumbar puncture. Fluid was fairly clear, with only a thin purulent sediment; pus cells; meningococci present in some numbers and many were extracellular. The patient had so far received three intraspinal injections of polyvalent antimeningococci serum (of 30 c.c. each'—Mulford's or a total of 90 c.c.) Internally, bromides were given. Enemata of salt and bicarbonate of soda solutions. Sodium bicarb., citrate of potash and soda were also given by mouth. Urotropin was not used —because *a distinctly acid medium* is necessary for its efficient action, the cerebrospinal fluid is alkaline. A dilute solution of liquor thymolis comp. was used in the nose and throat.

In this case (Emma Zane), *Gower's sign* was present, i. e., slight pressure, as one knee on the other, or slight irritation would very promptly cause a red spot or patch. The application of the very mildest irritant or heat, etc., was surely liable to cause *vesiculation*. The finger-nail drawn very lightly over the abdominal integument was followed by a congested red streak that persisted for several minutes (Trousseau's sign—tache cerebrale). Idiopathic muscular spasm (myoidema) was not very evident. Very early there was disturbance of the third nerve—papillary inactivity and a tendency to *miosis* which then gave away to wide dilatation. At present pupils are widely dilated, almost fully so.

Iodoform emulsion injections within the spinal canal were not tried in any of the cases.

Jacoby, New York Medical Journal, 1895, suggests that where the meningitic process is confined to the cerebrum draining by the lumbar puncture may carry the infection down the cord and thereby extend the disease. It is impossible from the lumbar extremity to force fluids of a therapeutic character into the arachnoid spaces above the cervical region, unless puncture is also made into the ventricular space of the brain, when the fluid passes very readily from one end to the other of the cerebrospinal meningitis. Jacoby advocates flushing of the C. S. axis by means of both the lumbar puncture and a small trephine opening with drainage from the lateral ventricle.

In the A. M. A. J., page 76, January 12, 1918, Vol. 70.2., Geo. H. Weaver of Chicago, advises the use of a face mask as of great protective value in the prophylaxis of meningitis, influenza, pneumonia and diphtheria. He suggests that the gauze mask be used by physicians, nurses, orderlies, etc., and both in hospitals, camps and households. It is advisable to wear a properly-made gauze face mask—one which would also prevent infection through the eyes (lacrimation, etc., carrying infection into the nose). This eye, nose and mouth protector is a useful precaution in influenza, pneumonia and meningitis, etc.

Vaccine therapy is recommended, even in

meningococcal meningitis, by Florand and Fiessinger (Bulletins de la Societe Medicale des Hopitaux, Paris, July 15, 1918), and Netter states that intramuscular injections of the serum often proves useful to supplement the intraspinal case of meningococcus septicemia, and Netter also had encouraging results with vaccine therapy in cases rebellious to serotherapy.

SOME NEEDED REFORMS IN PUBLIC HEALTH WORK.*

By MOSES N. BAKER, C. E.,
Montclair, N. J.

Formerly a Member of the New Jersey State Board of Health and of the Montclair Board of Health; Associate Editor of Engineering News-Record.

Emerging as we are from an unprecedented epidemic of influenza, facing a rise in the general death rate due to the epidemic and the world war, confronted also with reconstruction problems which reach to the very foundations of both health and democracy, the times demand that attention be centered on constructive public health work based on sound principles of government efficiency and economy.

At such a juncture we look to our State Department of Health for inspiration, example, leadership. What do we find? Only a few days ago a close observer deplored the unprogressiveness of the department. "It is not even drifting," he said, " it is stagnant." My own conviction, based partly upon personal experience as a member of the reorganized board, is that the efficiency of the department would be greatly increased if the board were swept out of existence or restricted to advisory duties, and all executive functions of the department were centered in a single commissioner, as is the practice now in New York, Pennsylvania, Massachusetts, Maine, Connecticut, Ohio, West Virginia and Oklahoma.

The statute reorganizing the department is sound in most of its fundamentals. It goes far in separating the legislative and executive function. But it established a considerable division of responsibility. The director has surrendered and the board has assumed powers plainly vested in the director, but the board, like such boards in general, is not properly constituted for quick and efficient executive work. The result is circumlocution, delays, postponements, the killing of initiative and general discouragement of the bureau chiefs and assistant director, who are the real life and working force of the department as it stands to-day.

The department lacks a living, growing plan of health-protective work, coupled with a real budget. It has lacked the courage, the initiative, the vision to determine what's what in public health work, to establish relative values in terms of costs. Granted full powers to frame and enforce a State-wide health code and to see that local boards enforce the code and the State health laws generally, the department has been slow in drafting the code and slower yet in seeing that local boards do their full duty to their communities and the State.

Latterly the department has been hampered by the war, but the war has spurred thousands of other agencies to overcome all obstacles and achieve marvelous results. Moreover, the great weaknesses of the department were manifest before we entered the conflict. Always more money has been needed, but the funds available have not been used altogether to the best advantage—through lack of plan and budget. Shortage of funds, war handicaps, influenza epidemic should all combine to stimulate the department to more careful planning, the elimination of non health-protective work, the throwing out of dead wood and all around increased economy and efficiency. Let us hope that more has been done in all these respects than has yet been revealed.

I believe that the greater part of the executive staff of the department is as devoted and as efficient as could be expected under its handicaps. The responsibility rests with the board, the legislature and the governor. As a creature of the legislature and of a vicious system designed in the interest of political parties rather than the public good, the board is of the so-called bipartisan type. The statute also provides that certain professions must be represented on the board. Consequently, if the veterinary member goes off the State must be searched for a successor who shall be not only a veterinarian, but also a republican or a democrat, as the case may be. A greater potential evil lies in the fact that in the exercise of its most important function, the choice of a director, the so-called bipartisan feature may become null, since in case of a tie the Governor of the State casts the deciding vote. This makes for divided responsibility, political favoritism, and general inefficiency. Either the board or the Gov-

*Read at the Annual Meeting of the New Jersey Sanitary Association, Lakewood, N. J., December 6, 1918.

ernor alone should appoint the director. Were the board eliminated or restricted to advisory functions, appointment would lie with the Governor and responsibility be undivided. For the personnel of the board the successive governors are responsible.

To save time for a discussion of these and related pressing questions. I shall bring my remarks to a close. I trust I have said enough to arouse the earnest thought and fruitful discussion which the subject deserves, without going into details which divert attention from the main point, which is that our State Department of Health needs to be reformed, to the end that it may be a leader in these critical times, doing not alone such direct work as belongs to it, but serving also to point the way in local health administration—which after all is the vital thing—leading where local departments need leadership, compelling where without compulsion the public health will not be protected.

Gloucester County Society

Centennial Meeting.

OBITUARY SUPPLEMENT

By Dr. Luther M. Halsey

Dr. John R. Sickler.

Dr. John R. Sickler was born at Chew's Landing Sept. 20, 1800. When 26 years old he entered the offices of Dr. George McClellan, the father of General George B. McClellan, and graduated at Jefferson College, Philadelphia, March 18, 1829, and began practice at Chew's Landing. While attending lectures he bought and edited the Camden Mail, now the West Jersey Press. He was always a frank politician and a Democrat. He left Chew's Landing in 1832 and opened a drug store on Federal street, Camden, the first one in the city. His health failing, he returned to Chew's Landing and stayed there two years. In Nov., 1834, he removed to Woodbury and in 1836 went to Carpenter's Landing, now Mantua. He was a lay judge of Gloucester County for a number of years. He retired from practice in 1876 and lived a quiet life in Mantua until his death, April 11, 1886, aged 86 years.

Dr. B. P. Howell.

Dr. Benjamin Paschall Howell, a son of Joshua L. Howell, was born at Fancy Hill, now Washington Park, Nov. 26th, 1808. He went to Woodbury Academy and later to Princeton and Rutgers, where he graduated. He took up the study of medicine with his brother, Dr. Samuel L. Howell, who was Professor of Anatomy and Physiology at Princeton and graduated at University of Pennsylvania in 1831. He was a resident physician at Blockley during the cholera epidemic. In 1835 he married Rachel Lewis of Philadelphia. He practiced in Philadelphia until 1843, when he removed to Candor Hall farm, now the Shiver's farm near North Woodbury. In 1857 he removed to Woodbury and practiced for a quarter of a century. He died Oct. 10, 1882, in his 74th year. He was Commissioner of Fisheries from 1870 until his death. He was a physician of the old school, always dignified, courteous and scrupulously polite in his intercourse.

Dr. J. C. Weatherby.

Dr. Joseph C. Weatherby was born in Clarksboro Oct. 18, 1812. He graduated in the classical course at Kenyon College, Ohio, in 1834, receiving the degree of A. M. in 1846. He studied medicine under Dr. Chas. F. Clark and graduated at the University of Penna. in 1837. He began the practice of medicine in Clarksboro and remained there until he died in Apirl, 1884, a period of 47 years. He was a skillful physician, had a large clientele and had many friends.

Dr. A. J. McKelvey.

Dr. Alexander J. McKelvey lived many years in Williamstown. He graduated from Princeton in 1831 and from the University of Penna. in 1834. He practiced in Trenton and Blackwood before the war. During the war he was a Division Surgeon under General Joseph Hooker. After the war he returned to Blackwood and subsequently removed to Williamstown, where he had an extensive practice. He died in Williamstown in 1885.

Dr. J. R. Andrews.

Dr. John Richardson Andrews was born in Camden September 21, 1818. He graduated from Jefferson in 1840. Becoming convinced that the law of Similars was true, he became a Homeopath and began to practice in Camden in 1841. His support was small on account of his faith in the new method. He left Camden and went to Wilmington, Del. He returned to Camden at the earnest solicitation of his former friends. He was the first president of the Homeopathic Medical Society of New Jersey. He died of spotted fever contracted from a patient in 1864.

Dr. D. R. Gardiner.

Dr. Daniel Rice Gardiner was born in Newton, Pa., Oct. 21, 1828. His classical education was obtained at Hamilton University, N. Y. He took two full courses at Jefferson Medical College. The Homeopathic Medical College of Penna. was started in 1848. He attended one course and graduated in the first class in 1849. He practiced with his father, Dr. Richard Gardiner in Philadelphia for several years, then removed to Moorestown and was the first Homeopathic physician to practice there. In 1861 he came to Woodbury. He had a large practice and in 1871 he sold his practice and dwelling to Dr. Wallace McGeorge, and in the fall following went to Pottsville, Pa. The drives and work were so arduous there, he returned to Woodbury in 1874. He died at White Sulphur Springs Va., June 30, 1889, where he had gone to regain his health which was bad, due to injuries he had received. Dr. Gardiner had a strong hold on his patients and at the bedside he gave cheer and comfort to many.

Dr. L. F. Halsey.

Dr. Luther F. Halsey was born in Churchville, Pa., Oct. 28th, 1833; he was educated at Rutgers. He graduated from Jefferson Medical College in 1854. He took courses, after graduating in Dublin, London and Paris. Velpeau, the famous French surgeon, advised him to apply for a position in the French Navy and he went to Sebastopol and served one year in the Crimean War. He returned to his native land and in the fall of 1855 opened an office in Swedesboro. He was a surgeon in the field during the Civil War. While in the front at Petersburg he volunteered to take charge of smallpox hospital for which service he was brevetted lieut.-col. U. S. Vols. He remained until the close of the war. When he returned he resumed his practice at Swedesboro. He was interested in schools and was district clerk for eighteen years and township superintendent for a number of years. His services as a surgeon were much in demand. He died in Swedesboro in 1895.

Dr. J. Iszard.

Dr. Jacob Iszard was born in Glassboro May 23, 1829 and died there Oct. 20th, 1900. He was educated at Glassboro and Pennington and taught school a number of years. His school at Clarksboro was noted for educating several men who afterwards attained prominence in the country. He studied medicine under Dr. D. R. Gardiner and graduated from Hahnemann Med. College, Philadelphia, March, 1870. He at once took up practice in his native town and continued it until his death. He was a conscientious man and charitable in his dealings.

Dr. H. C. Clark.

Dr. Henry Clay Clark, a son of Charles F. Clark, was born in Paulsboro Nov. 24th, 1832. He was educated at Woodbury Academy and graduated in medicine at the University of Penna. in 1853, and began to practice with his father in Woodbury. He was surgeon in the Civil War and served with distinction. He returned to Woodbury after the war and resumed the practice of medicine. He was a public spirited man and was one of the first to advocate good roads. He was highly esteemed as a physician and kindly in disposition. He had an extensive practice. He died Dec. 26, 1904, and Woodbury lost the last of the noble band of doctors whose lives had been passed in the nineteenth century going about in this county doing good.

Dr. G. C. Laws.

Dr. George C. Laws was born in Philadelphia Dec. 7, 1845; attended Mt. Vernon High School, graduated in 1862; he joined the regiment of the U. S., became a member of the 15th Pa. Volunteer Cavalry; received his discharge June 21, 1865, before he was 20 years of age. Three years of hardships and privation had made an old man of him before he was a young man, but he thought he was doing his duty and was very fond of relating his experience. He graduated from the University of Penna. March 18, 1871, and was admitted to the Gloucester County Medical Society Jan., 1872. He settled in Paulsboro, N. J., where he built up a large practice. He took an active interest in politics; was a member of the Board of Education for 20 years; engaged in numerous enterprises in Paulsboro, and was one of the charter members of the First National Bank and the Paulsboro Water Company.

He worked for years until he succeeded in having a pure water supply for the town and it has been said that the stand-pipe is a monument to his exertions. Very active in any movement for the benefit of the community, he did an immense amount of charitable work, always trying to relieve the poor and needy whenever possible, and was a thorough christian, a very strong Episcopalian and was the main mover in the establishment of the church of that time. His special forte was chemistry, and it has been said that his own personal investigations and reports of the effect of nitroglycerin on the workers were thorough and most valuable. He was a man of very marked ability and able and charitable as a physician.

Dr. J. D. Heritage.

Dr. J. D. Heritage of Glassboro, N. J., graduated from the University of Pennsylvania, enlisted in the army and was a prisoner in Libby prison. He was afterwards exchanged and served his country with marked credit and ability. He is still living.* A funny little story told of Miles Synott is that, he was very anxious to keep a patient in bed, feeling that the rest would do him much good, and it is said that he told a patient he would put a plaster on each of his feet which would do him a great deal of good and he used a blister and kept the patient in bed for several weeks, accomplishing what he wanted—a complete rest.

Dr. S. Fisler.

Dr. Samuel Fisler graduated from Jefferson College and was a very bright man, with a most excellent memory. It is said of him that he was in the habit of going to a colored church on Sunday morning and he would come home and repeat the sermon almost verbatim, giving the jestures which the preacher had used. It is said that one night the chimney in his house caught fire and they called him to help put it out and he said, call the girls, and they put out the fire and the old doctor slept through it all.

I had hoped to have some interesting data in regard to Dr. Charles Garrison of Sweedesboro, the two Dr. Clarks of Woodbury, and Dr. Weatherby of Clarksboro, but I have not been able to get it. Suffice to say that these men were thoroughly conscientious practitioners of medicine and drove miles and miles over the country long before the days of automobiles, and gave good conscientious service to their patients.

It is said of Dr. Chas. F. Clark that he was a man who was greatly beloved by all who knew him and he was a very consistent helper to all young practitioners and had a large consulting practice with them. In 1835 he helped to organize the Gloucester District Medical Society, and in 1846, after Camden County was set off from Gloucester County, he was one of

*Dr. Heritage died Nov. 20, 1918—since the above obituary was set up in type. See obituary column in Journal.—Editor.

the five that organized Gloucester County Medical Society. He retired from active practice and moved to Camden in 1869 and was elected an honorary member of Camden Medical Society. He had a very humorous side at times, and meeting an old friend who inquired as to his health said, "When I began to practice medicine I had 15 remedies for every disease and now after 50 years of practice I have 15 diseases without a remedy for any of them."

A synopsis of the life and work of Dr. John Sickler of Mantua would be too long to insert at this time, but we hope to publish it in a synopsis of the Medical Society of Gloucester County, with the history of its members from its beginning. It is said of him that when on his death bed several physicians were around trying to do what they could to make him comfortable, he roused up after a time and wanted to know "What are you fellows standing around for, are you waiting for this old thing to burst?"

Clinical Reports.

Ascaris Escapes Through Ear.

The little girl of 4 was taken suddenly with intense earache, but there was no fever, and paracentesis brought no pus. By the third day the child had syncope, violent nystagmus and general convulsions, and then something was seen in the ear which resembled the wormlike mass from a tube of tooth paste. It was seized with Kocher forceps and proved to be a male ascaris nearly 6 inches long.—Revue de laryngologie.

Cerebral Gliomata.

Dr. I. J. Sands, New York City, in the August Neurological Bulletin, cites the case of a man suffering from hemiplegia with loss of sphincteric control for about one year prior to his death. He showed general arteriosclerosis, blood pressure, 170 systolic, sluggishly reacting pupils; positive globulin and twelve cells, but negative Wassermann, in the spinal fluid. Mentally, he was somewhat incoherent and rambling; he exhibited patchy amnesia with preservation of personality. Postmortem examination showed a glioma in the right parietal region, cerebral and visceral arteriosclerosis and bronchopneumonia.

Pregnancy in Child Fourteen Years Old.

Dr. James Burnet (Brit. J. Child. Dis., April-June, 1918) records a case which has a medical as well as a psychological interest. He was consulted by the mother of a fourteen years old girl on account of some secretion coming from the child's breasts, which were very full. Menstruation had commenced at the age of twelve and had been quite regular since, but had ceased four and a half months before. The abdomen was enlarged in accordance with the period. On compressing the breast there was a thin flow. There was anemia but no morning sickness. The child was bright, remarkably precocious, interested in her school work, well behaved at home.

On April 22nd, 1918, she was delivered of a healthy boy, weighing 9 pounds at birth. The labor was uneventful.

Conception had taken place on July 28th, 1917. The father was a boy of about the girl's own age. Shortly before having connection he had presented her with a ring. There was mutual affection, and the couple apparently regarded themselves as husband and wife.

Two Cases of Congenital Cardiac Disease.—Dr. Charles Hunter Dunn of Boston presented this report at the annual meeting of the Amer. Pediatric Society. He stated that the first case occurred in a baby, two months old, showing the symptom complex of systolic murmur, thrill, and cyanosis. Percussion and the x-ray showed no enlargement. Only one ventricular cavity was visible and only one auricular-ventricular orifice. The large vessels opened into this one ventricle. Search was made for the aortic valve which was found above and in the wall of the ventricle. A rudimentary ventricle was found in the wall of this one large ventricle. The second case occurred in a baby three months old which showed a systolic murmur but no palpable thrill and no evidence of enlargement. Cyanosis was present as shown by the lips, but there was not a proportionate cyanosis of the extremities. No accurate diagnosis was made. On opening the chest an anomaly of the great vessels was discovered, there being a complete transposition of the vessels. The writer recalled that he had presented a case of complete transposition of the great vessels before the society last year and had described the embryology at that time. In this instance the aorta was divided into two branches and the pulmonary artery into three branches.

Diabetes Lusipidus.

Reported by Dr. H. W. Clausen, St. Louis, at a meeting of the Washington University Medical Society.

This case is presented because the malady is rare and because the treatment is new. The patient is a boy of 9½ years, who was referred to the Children's Clinic because of his great thirst and large urinary output. The family and past history are negative. The present illness began in August, 1917; polyuria, polydipsia, and slight weakness were noted. Physical examination shows an essentially normal boy. There are no features suggesting pituitary disease excepting a polyuria of 6 to 7 liters per day. The roentgen ray of the skull shows a small sella turcica and convolutional atrophy. Blood and spinal fluid have normal cytology and serology, excepting for a positive complement fixation of the serum for tuberculosis. The lesion could not be found by physical examination or roentgen ray. Kidney functional tests were normal. The polydipsia could be controlled by a strong voluntary effort for about twelve hours.

Injections of pituitrin, the extract of the posterior lobe and pars intermedia of the hypophysis cerebri, invariably caused marked reduction in urine and thirst, evident in half an hour, and persisting from twelve to twenty-four hours. The specific gravity of the urine rose from 1.001 to 1.020, and the daily output fell from 7 liters to about 2. The dose was 0.25 c.c. to 1 c.c., once a day. Given by mouth

the extract was quite inactive. The hourly output of chlorides and calcium invariably was much reduced for several hours after the injection; that of the nitrogenous constituents (urea, uric acid, and creatinine) showed sometimes a diminution, but usually little change. There was never an increase.

A Case of Cardiospasm Followed by Hypertrophy, Dilatation and Stricture of the Esophagus, Treated by Gastrostomy, and Subsequent Dilatation of the Esophageal Stricture. —Dr. Edwin E. Graham of Philadelphia reported this case at the annual meeting of the Amer. Pediatric Society. He stated that clinically the element of spasm was unquestionably present, the food entering the stomach very much better at some times than at others. The diagnosis of stricture of the esophagus was verified by the x-ray plates. A point of particular interest was that the diagnosis of ulcerative esophagitis was made by direct inspection with the eye, the esophagoscope having been passed by Dr. Chavalier Jackson, and the ulcerative area having been clearly seen. The treatment consisted in gastrostomy, feeding the child through a tube for several weeks, nothing being allowed by mouth except small quantities of water, and finally dilatation of the stricture of the esophagus by sight and not by touch. The esophagoscope was passed and then Dr. Jackson passed bougies, small delicate ones at first and then larger ones. There was a second child in the Jefferson Hospital with a stricture of the esophagus caused by swallowing lye who was being treated in the same way.

Congenital Athyria.

Reported by Dr. M. M. Pollitzer, Charlestown, in the South Carolina Medical Journal:

E. B.—W. F., age 9 mos. Referred by Dr. K. This baby a native of Georgia, had always been well except for present condition. Fam. Hist. neg. Breast-fed. Phys. Exam.: Large protruding tongue, nose flat, and obstructed. Fat pads present, ant. fontanel quiet large. Hands slightly trident shaped. Liver and spleen not felt. No teeth. Skin rough. Sees and hears. Fundi normal. Weight 15½ lbs. Marked retardation of mental and physical development. May 28, '17. Diagnosis: Cretinism. Treatment: thyroid ext. gr. ¼ t. i. d. June 2. Mother notices some mental improvement. June 10, has 1 tooth. Brighter. Thyroid gr. ½ 4 i. d. June 15. 10 mos. Extended arms to me. Thyroid gr. 1. t. i. d. June 26. Can almost sit unsupported. Brighter and more active. At the time after giving the mother full instructions and explaining the need of watching for the signs of hyperthyroidism, the patient returned home. From then on I heard frequently, at first weekly, after once a month. The reports covered many pages and were remarkably clear. Improvement was continuous though at times slow. The dose was frequently increased. My last letter was received March 14, '18. The following is a summary: age 19 mos. Weight 20. lbs. Height 30½ in. She has 11 teeth, some of which are large and irregular. Walks in baby walker. Strikes notes on piano and enjoys music. Says many words. Takes off shoes and stockings, and tries to put them back on. Facial expression practically normal. Said by strangers to look and act like normal child. Taking 10 grs. of thyroid extract daly. At times dose decreased or drug stopped, because of diarrhea or nervousness. The mother writes that the improvement has been wonderful. Here we have then a case of congenital athyria, recognized early enough to be amenable to treatment.

Syphilitic Necrosis of the Intermaxillary Portion of the Superior Maxilla.

Reported by Lieut.-Col. Charles W. Richardson, M. C., N. A., Washington, at the annual Congress of the Amer. Laryngological Association.

The history of a young man, twenty-six years of age, married, stock broker's clerk, is presented. First seen on April 16, 1917, on account of intense pain in the floor and lateral wall of the left nasal chamber. There was no swelling or inflammation, and no interference with the function of the left nasal chamber. The patient had shortly before been operated on, or stated that he had been operated on for a mild affection of the septum, although there was no evidence of such operation having been done. The patient's condition was attended by great suffering.

After a few days, during which transillumination and x-ray examinations were made of the incisors and lateral biscuspids, as well as of the left antrum, all of which were negative, a Wassermann was made which resulted in a double positive. As there was great tenderness over the upper incisors, patient had four of these removed. Salvarsan was given. In spite of this the intermaxillary bone separated by rapid necrosis in one mass.

The important and salient features of this case are: 1. Severe and continuous pain without any objective signs; 2. the severe necrosis without any inflammatory swelling; 3. the complete limitation of the necrosis within distinct anatomic borders.

Large Osteoma Involving the Right Frontal Sinus and Uncovering the Adjacent Brain.

Reported by John F. Barnhill, M. D., Indianapolis, at annual Congress of the Amer. Laryngological Association.

This occurred in a girl of sixteen years who first noticed a swelling on her forehead a year previously, which caused no symptoms, but was increasing slowly in size. The speaker was consulted because of deformity. X-ray plates showed an oval tumor involving the right frontal sinus, with absorption of the external and internal plates of the sinus wall.

Operation August 21, 1917. An area of half an inch in circumference was wanting in the frontal wall of the sinus, and through this the hard glistening tumor presented. The remaining portion of the frontal wall was removed by rongeur and the tumor forcibly pried out by stout bone rasps. It was attached to and extended into the infundibulum. The dura was exposed and absorbed over a large area. Some softened bone about the margin of the dehiscence was rongeured away, a light sprinkle of iodoform powder applied to the exposed dura and brain. The infundibulum was enlarged by means of a bone rasp, a drain tube inserted, the cavity was lightly packed with sterile gauze and the external wound completely closed. Re-

covery with but slight scar was entirely uneventful. The tumor was an osteoma, weight 600 grains.

Osteoma of the Frontal Sinus.

Drs. W. W. Baardman and Mary M. Donovan, San Francisco, Cal., report these cases in the A. M. A. J.:

Case 1. A man entered the Stanford University Medical School Hospital, complaining of very severe headaches of long duration. In the early stages these had been frontal, but of late they had been principally occipital. Diffuse brain tumor seems to be the clinical diagnosis. However, lateral stereoscopic skull plates showed an abnormal area of density in the region of the frontal sinus. Examination of sinus plates showed a uniformly dense, sharply outlined shadow in the right frontal sinus. On these findings a diagnosis of osteoma of the frontal sinus was made. At operation a hard, bony tumor was found firmly wedged into the sinus. It was successfully removed and the patient has been completely relieved of all symptoms.

Case 2. A young man came complaining of convulsive attacks, simulating epilepsy, but with no objective deformities suggesting osteoma. Examination of plates of the skull showed a large, dense, irregular shadow occupying the frontal sinus region, extending downward into the ethmoid region and backward into the cranial vault. Operation again confirmed the diagnosis of osteoma of the frontal sinus, but the patient died of a complicating meningitis.

The lesson to be drawn from these cases is not that osteoma of the frontal sinus can be diagnosed by the roentgen ray—that is self-evident—but that roentgenographic study of all doubtful head cases should be made as a routine.

Compound Fracture of Tibia, Fibula and Femur.

Dr. Lucius A. Wing, at a meeting of the N. Y. Academy of Medicine, presented this patient, a little boy six years of age, who was admitted to St. Mary's Hospital for Children on July 18, 1918. He had been run over and in addition to minor injuries had sutained compound fractures of both bones of the leg and of the femur, three inchec above the knee. The skin of the leg was badly lacerated and also the gastrocnemius muscle, and the child had lost much blood. Owing to the extensive lacerations the application of splints did not seem feasible. Dr. Farr suggested the Seinmann nail and repair was effected by the nail placed through the os calcis. The extensive lacerations prevented the use of the traction apparatus and hence the leg was lightly suspended. The lacerations were treated with Dakin's solution. The injuries were not dressed until eighteen hours after they had been inflicted. The leg was retained in suspension from July 18 to August 19. A spica was applied in such a way as to leave the leg from the knee to the ankle exposed so that it could be dressed. The x-ray showed that there was some actual lengthening of the limb as compared with the opposite side. X-ray pictures were taken ten days after the suspension was applied and last week were exhibited for comparison. The boy had made an excellent recovery and, though he was not yet walking, he would walk in a short time.

Gunshot Wound of Abdomen with Multiple Perforations.

Drs. Warren and Galey of Key West, Fla., report this case in the Florida State Journal:

E. V., a Cuban laborer, 29 years of age, was admitted to the Mercedes Hospital June 10, 1916, with the history of having been shot in the abdomen. Upon examination, an hour later, the patient was found to be shocked but not profoundly so. Inspection revealed a single wound of the abdomen, situated an inch to the right and below the umbilicus, with a small portion of omentum protruding through the wound. Four and a half hours after the injury, the patient having been prepared for operation, chloroform anesthesia was begun.

An incision was made about six inches long through the linea alba, and upon opening the peritoneum, a large amount of extravasated blood was found. The incision was immediately extended from ensiform to pubis, and beginning at the ileo-cecal junction, search was made for wounded viscera. The entire intestinal tract was examined, each loop of intestine inspected and returned. One complete perforation of the jejunum and four perforations of the ileum were found. Four perforations of the mesentery were noted. Active bleeding from the torn mesenteric vessels required immediate attention, and as there were no evidences of the intestinal contents escaping into the peritoneal cavity, the mesentery was dealt with first, the torn edges approximated and sutured with fine catgut, on both surfaces, without ligating the vessel. Because of the multiple tears, it was thought best not to ligate the vessels, and avoid the probability of subsequent gangrene of the gut. Resection of the area supplied by the wounded mesenteric vessels, means exposure of the patient to the shock and danger of a prolonged operation. The subsequent history of the case substantiates the opinion that pressure between the two layers will control hemorrhage, and absorption of a considerable amount of extravasated blood, that has found its way between the layers, can occur without untoward symptoms. The perforations of the intestine were closed with single, running sutures of fine silk, including the serous and muscular coats.

While the abdominal cavity was being cleared of extravasated blood by careful sponging, a bullet from a thirty-eight calibre pistol was found free in the right iliac fossa, and two split-off portions of the bullet were removed from behind the stomach and were also free in the abdominal cavity. The post-operative history of the case was uneventful. Neither stimulation nor morphine were given, and they were not indicated. The patient was remarkably free from nausea, vomiting and abdominal distention. Hunger was the patient's only complaint. A soft-boiled egg was allowed on the fourth day, and liberal diet given at the end of a week. The patient left the hospital in two weeks. Examination of the patient, recently, showed a strong abdominal wall with no tendency to hernia.

Removal of Large Brain Tumor; Patient Survived for Over 30 Years.

Reported by Drs. W. W. Keen and A. G. Ellis at a meeting of the College of Physicians of Philadelphia. Dr. Keen says it was his first case of brain surgery; it showed the then technic, being one of the earliest operations on such tumors—following only two years after Godlee's in 1885.

The patient, a man aged 26 years, consulted me in May, 1887. When three years of age he had fallen out of a window, striking his head. The skull on the left side was indented and operation disclosed detachment of a small fragment of bone from the inner table without fracture of the outer. Twenty-one years after the fall violent epileptic attacks ensued, followed by intense pain in the head. By the end of April the right arm, leg, and face had become paralyzed, and by August of the same year he had become totally blind; there was however, some intermittence of vision. When I first saw him, on May 30, 1887, there was some improvement in the paralysis. After an interval of several months, during which time a course of KI was continued, operation was done on December 15, 1887. Removal of the first button exposed the tumor, but it was larger than the opening. A second button was removed, and the opening was further enlarged, until it measured 3x2½ inches. The upper margin was ¾ inch from the midline. The tumor dipped behind the squamous portion of the temporal bone for half an inch. The dura was adherent to the brain, except at the margin of this large opening. I incised the dura one-quarter of an inch from the margin of the opening in the bone, and with my little finger, to my surprise and relief, enucleated the tumor with as little difficulty as one scoops an egg out of its shell. Hemorrhage was free but not alarming. The tumor was practically a foreign body, starting at the dura as a result of the constant irritation from the loose fragment of the inner table broken off at the time of the accident and never consolidated with the skull. Every inspiration, and especially every impulse from the throbbing heart, produced slight movement of this fragment. The tumor weighed 3 ozs. 49 gr., and proved to be a pure fibroma. Eight days after the operation, the floor of the cavity, which was also the roof of the ventricle, evidently gave way, thus opening the roof of the lateral ventricle, and until the 5th week the cerebrospinal fluid continued to escape very freely. At the conclusion of the operation, two drainage tubes had been inserted and an abundant gauze dressing applied. The bone could not be replaced as the dura was gone. On the 14th day, a moderate hernia cerebri, crescenteric in shape, had appeared, and from two small pin-holes at its middle, clear fluid, evidently cerebrospinal, continued to escape until the end of the fifth week. By the 71st day the hernia cerebri had subsided until it was nearly on a level with the skull. On the 75th day this elevation had changed to a deep hollow 5.5 cm. in depth. Twenty-one years after the operation this depression was still present. A striking phenomenon was that whenever he sat upright, any muscular effort and a change of posture, e. g., leaning forward, caused this hollow to bulge about an inch beyond the level of the skull. To protect the brain against injury I bent a piece of tin to fit the surface of his head, covered it with black silk and sewed this to the inside of a skull cap which he always wore. Only three cerebral fibromata appear in Bernhard and Hale White's table of 580 intracranial tumors. I gave an "entirely favorable prognosis" at the time of operation, and thirty years have fully justified it. The patient died on January 29th, 1918.

Infectious Arthritis with Complications.

Dr. W. E. Preble, Boston, in a paper in the Interstate Medical Journal, cites this case:

Mr. E., 64 years. Married. Seen April 31, 1918. Weight 194 lbs.

History.—Does not recollect ever having any throat trouble, but has frequent and quite severe "colds." Has had a little rheumatism for 15 or 20 years. At the present time has pain and stiffness in shoulders and elbows, back, and down legs. In April, 1917, consulted Dr. MacAusland for very acute hypertrophic arthritis of spine. Sinuses were x-rayed and found negative. Throat was examined by Dr. D. Harold Walker, who reported tonsils suspicious. X-ray of teeth showed absorption of alveolar process. X-ray of spine showed marked hypertrophic process of spine and sacroiliac region and lipping on lateral view. Treated by mechanical support. Patient is somewhat better but motion is limited. Six weeks ago began vaccine treatment for recurring "colds" and began to have pains in shoulders, thighs, knees, back, etc. Went down South but got no relief.

Physical Examination.—Pulse 60. Temperature 98.2°. Blood pressure, systolic 200, diastolic 160. Teeth, has but three left, all loose. Throat, tonsils large, soft and exudate can be expressed from a crypt on the left. Peripheral arteries much thickened. Heart, slightly enlarged, regular, first sound replaced by faint blowing murmur at apex. Liver, 8 cm. below costal margin. Extremities, slight edema of shins to knees. Rectal, prostate rather large, smooth, not tender. Urine shows large trace of albumin with rare hyaline cast. Three glass test negative.

Diagnosis. — Infectious arthritis. Chronic tonsillitis. Chronic gingivitis. Mitral regurgitation, with hypertrophy and slight dilatation of heart, not entirely compensated. Chronic nephritis. Arteriosclerosis.

May 21, 1918. Entered the Brooks Hospital in the forenoon. Was put on house diet, with ice cream, orange juice and Celestin's Vichy added. May 22, 1918. Tonsillectomy by Dr. George L. Tobbey Jr. Three teeth extracted by Dr. Bradford. Convalescence was uneventful. June 25, 1918. Weight 180 lbs. Pulse 68. Blood pressure 140. Feels much better. Back is all right, so that he can play golf. Still has a little stiffness in arms. Legs are all right, Feels very well. "Can do things he couldn't do before," such as drive his auto, etc.

Advised to take no medicine, avoid any strenuous exercise, and report in 3 months. The tonsils and teeth were sent to Dr. Sanborn, who reported two strains of streptococcus and staphylococcus aureus. Patient is not being given vaccines because he seems to be getting along very well without them. August 2 1918. Improvement continues.

Abstracts from Medical Journals.

Prevention of Congenital Syphilis by Antiluetic Prenatal Therapy.

Dr. H. Lisser, San Francisco, in a paper in the August Jour., Cal. Med. Jour., gives the following conclusions:

1. There are many cases of congenital syphilis in the world.
2. Most cases of congenital syphilis have been preceded by two or three miscarriages, premature births or still-born children due to syphilis.
3. The vital problem of repopulating the world after this war involves the serious consideration of this appalling wastage of life.
4. Proper treatment of acquired syphilis before pregnancy will to a considerable extent diminish this waste, which can at best be only partially controlled.
5. But intensive treatment of every syphilitic mother during her pregnancy **will**

a. **Prevent** miscarriages, premature births, and still births due to syphilis, in the vast majority of cases.

b. **Produce** a live child at full term who will not develop congenital syphilis, in the majority of cases.

6. Such treatment does not interfere with the normal course of pregnancy, labor or puerperium.
7. Such antenatal therapy should be widely advocated by medical men of prominence and influence, in order that it may become a well-established routine procedure.
8. Immediate widespread adoption of this method will insure a large increase in the future population of the world.

The Complement Fixation Test for Tuberculosis in Infancy.—Dr. Henry Heiman of New York, at the Amer. Pediatric Society annual meeting, read this paper in which he gave the results of the complement fixation test in a series of 59 patients whose ages varied from the six months to twelve years. Of these 16 cases were tuberculous, six probable or suspicious, and 23 were non-tuberculous. Among the former group were six cases of tuberculous meningitis. Complement fixation reactions on the blood of these patients with both antigens was negative in four and suspicious in two cases. Of seven cases of pleural effusion, one was definitely tuberculous, three were probably tuberculous, and in three others the etiology could not be determined. In these cases the complement fixation tests were negative with both antigens. The serum of the three patients in whom the etiology was not definitely determined gave negative reactions also. Of six children with pulmonary involvement, two being cases of miliary tuberculosis with the usual course, all gave negative reactions with both antigens. The diagnosis was subsequently confirmed by findings at the autopsy table. Among 28 cases with no signs or symptoms of tuberculosis infection, complement fixation tests revealed three strongly positive reactions, one faint inhibition, and one suspicious reaction. In view of the very favorable results reported by other men with the same antigens in general groups of individuals before discarding the test it was desirable that they should learn the experience of others in this field.

The Blood Pressure Question.

Dr. Hobart A. Hare, Philadelphia, in a paper read before the Pennsylvania State Medical Society in September, emphasized the fact that the result of a blood pressure examination should be taken only as a part of the picture, of no greater importance, if as great, as other parts. A moderately high pressure with a low specific gravity of the urine and many hyaline casts was of far more importance than a very high pressure with a urine practically free of casts. Too much stress, he believed, was placed upon one blood -pressure estimation. High estimations made in the office would be far above those taken with the patient at home in bed or in a chair, thus giving an erroneous view of the constant pressure. The practice of estimating the systolic pressure without the diastolic was to be condemned. A pressure above normal might be present for years without giving trouble; a pressure below normal might cause disaster in a few hours. The diastolic pressure substracted from the systolic gave an idea of the actual cardiac power. He drew attention to the fact that as a man grew older he established what Dr. Hare had termed a "pathological norm," a rising pressure, systolic and diastolic, being essential to his normal existence. Such pressure must not be forced to the theoretically normal level for a man of thirty years. The endeavor should be to reduce the systolic and diastolic pressure sufficiently to relieve stress, and to increase the difference between the systolic and diastolic pressures. In such cases electric cabinet baths, massage, and the alteratives were, as a rule, of more value than the nitrites.

Dr. R. M. Goepp, Philadelphia, in a paper on "Blood Pressure as a Prognostic Factor," said that he regarded blood pressure as more useful in long range prognosis than as an index of immediate developments. Statistics showed hypertension, regardless of cause, to have an unfavorable effect on longevity. "Simple" hypertension, so called, he said, belonged either to the group of early interstitial nephritis or to that of simple arteriosclerosis. Diastolic pressure was regarded as of more importance in prognosis of acute infections than of chronic diseases. He said that a blood pressure of 100 should not be considered low; large, heavy men were frequently observed with a systolic pressure below 100 and the diastolic 70. The importance of blood pressure, he felt, was tremendously exaggerated and this tendency should be combated by the physician.

Psychiatric Family Studies.—Abraham Myerson in the American Journal of Insanity, has made a study of the psychoses of brothers and sisters in seventy-four families to find out whether there is a tendency toward likeness or unlikeness; he is also interested in the relation between two great groups of dementia praecox and manic depressive to each other. Although he regards his studies as based on too little data for generalization, Myerson is inclined to the following opinions: True paranoia is closely allied to dementia praecox, while true epilepsy belongs fundamentally to a different class from either dementia praecox or

manic depressive. These last two psychoses do not occur, as a rule, in the same family group. He believes that in the causation of psychoses predisposition plays the greatest part. He expresses it in the following way: "Difficulties in synthesis due to disharmonious development and action of the various emotions and desires break down the personality."

Complete Roentgen Study of Gastro-intestinal Tract and Gall Bladder.

The following are the conclusions of Dr. George E. Pfahler's paper on the above subject in the A. M. A. Journal, December 14:

1. A complete roentgen study should be made in all obscure abdominal cases.

2. Such a study should determine each organ to be either normal or abnormal, and if abnormal, the nature of this abnormality should be carefully described.

3. The diagnosis of carcinoma, if present, may practically always be made.

4. The absence of carcinoma may, in most instances, be proved.

5. Gastric ulcer may be recognized in about 90 per cent. of the cases.

6. Duodenal ulcer may be recognized in probably 95 per cent. of the cases.

7. Gallstones may be recognized in approximately 50 per cent. Other evidence of gall bladder disease may be obtained in 25 per cent. more.

8. Chronic appendicitis may be diagnosed in practically all instances.

9. Incompetence of the ileocecal valve may be recognized, and diagnosed only by this procedure.

10. Defects, adhesions, filling defects and abnormal function of the bowel may be recognized by this method better at times than by operation.

11. Diverticulitis may be recognized only by this method and by operation.

12. Carcinoma of the rectum may, at times, be more definitely determined as to its position, location and its extent than by a proctoscopic examination.

12. Patients generally obtain a great deal of mental satisfaction that is helpful in the cure of their cases, as the result of a complete study of this kind.

Compulsory Health Insurance.

Dr. E. H. Ochsner, Chicago, concludes a paper in the Illinois Medical Journal, on Compulsory Health Insurance, as follows:

I agree that statistics, if carefully and conscientiously collected, do not necessarily lie and yet when it comes to the more subtle human relations, they rarely never tell the whole truth It is for this reason that I have brought out here so many of my own personal experiences, experiences which all speak against compulsory health insurance. This has made it necessary for me to leave out many of the arguments usually given against compulsory health insurance, such as the fact that it would not solve the problem of the pauper or the occasional worker, for no one, not even the most ardent supporters of compulsory health insurance has ever claimed that any clause could be incorporated which would solve this difficult problem. In fact, they are forced to admit that the burden of their care, which has heretofore been voluntarily borne by the physicians, would have to be assumed by the state at an expense which would run into the hundreds of thousands of dollars.

In conclusion, I firmly believe that to establish compulsory health insurance would be one of the most serious mistakes that any commonwealth could possibly make, because it would be bound to lower the quality of medical services rendered to its citizens, it would increase loss of working time from sickness, it would throw an enormous financial burden upon the taxpayer, the employer and the employee, it would greatly reduce the incentive to thrift and industry and put a premium on deception, sloth and shiflessness, and compel the industrious, hard-working, clean-living workman to pay tribute to the untruthful, lazy, shiftless and immoral, and finally, it would have a tendency to take from independance and self-reliance its proper pride and from dependency its salutary shame.

State Health Insurance.

The following from an editorial in the San Diego Medical Bulletin:

In answer to questions we learned also that workers in this field of human need have apparently come to the conclusion that the remedy lies not in better wages, better habits, better thrift, a better sense of obligation to one's fellow man that the individual's first sense of duty is not to keep himself out of the poorhouse and off the charity of his neighbor in such a manner as will push no neighbor in. Only that the physician seems to have been paid too much for what he has undertaken to do. And that from this sum must be subtracted enough to pay hospital service and disability pension and maintain the supervisorial and clerical political machinery to keep the new order in action. (Jour. A. M. A. is authority for the statement that the average income of the doctor is much less than $1,000 a year).

All will agree, physician and layman, that the present system is not desirable. We who through the ages have been dealing with this problem believe that the proposed remedy is neither to the best interest of the physician or patient or state. So far as the former is concerned it proposes only to reduce his rate of service and retain all the evils of the present system intensified with the exception that the pittance allowed him will be paid. It proposes without asking consent to say to the most technically trained and most thoroughly law restricted group of men (look over a medical dictionary) that you have been excessively rewarded for your work, that you have been standing in the way of remedying the evils of poverty, that henceforth you must continue as in the past to carry mankind's greatest responsibilities and their consequences but at a rate that your struggle for your children's bread will grow keener that you must become as the majority of your brothers in Germany who under twenty years of such a dispensation have reached a level where the masses of people receive some of the worst medical service in Christendom.

County Medical Societies' Reports

County Society Meetings.

Atlantic—Second Friday monthly except July, August and September. Annual in January.

Bergen—Second Tuesday monthly, except July and August. Annual in October.

Burlington—Second Wednesday in January, April, June and October. Annual in January.

Camden—Second Tuesday in February, May, October and December. Annual in October.

Cape May—First Tuesday in April and October. Annual in October.

Cumberland—First Tuesday in January, April, July and October. Annual in October.

Essex—Annual first Tuesday in October. Other meetings as called.

Gloucester—Third Thursday in March, May, September and November. Annual in January.

Hudson—First Tuesday monthly, except June, July, August and September. Annual in October.

Hunterdon—Fourth Tuesday in April and October. Annual in October.

Mercer—First Tuesday monthly, except July and August. Annual in December.

Middlesex—Third Wednesday monthly, except July and August. Annual in October.

Monmouth—Second Tuesday after second Monday in June and December. Annual in December.

Morris—Second Tuesday in March, June, September and December. Annual in September.

Ocean—Meets in May and November as called. Annual in November.

Passaic—Second Tuesday monthly, except June, July and August. Annual in May.

Salem—First Wednesday in February, May, and October. Annual in October.

Somerset—Second Thursday in February, April, June, October and December. Annual in October.

Sussex—Annual third Tuesday in October. Other meetings when called.

Union—Second Wednesday in January, April and October. Annual in October.

Warren—Annual meeting first Tuesday in October. Other meetings when called.

CAMDEN COUNTY.

The following officers and committees were elected at a meeting held in Camden, December 10, 1918:

President, J. Anson Smith, Blackwood; vice-president, Edward B. Rogers, M. R. C., Collingswood; secretary, Daniel Strock, Camden; assistant secretary, William H. Pratt, Camden; treasurer, Milton M. Osmun, Camden; reporter, Grafton E. Day, Collingswood; censors, William H. Iszard and John W. Marcy; trustee, Joseph L. Nicholson.

Committee on Scientific Work—E. G. Hummel, J. L. Maheffery, Walter R. Elliott.

Legislative Committee—J. W. Fithian, Alex. MacAlister, W. S. Bray.

Delegates to the Medical Society of New Jersey—Thos. B. Lee, L. C. Lyon, J. E. Clement, J. J. Halsey.

No further report of the meeting has been received.—Editor.

HUDSON COUNTY.

William Freile, M.D., F.A.C.S., Reporter.

The Hudson County Medical Society held the second meeting of the year on December 2nd at the Carteret Club. President Dr. J. Nevin in the chair. The November meeting had been cancelled owing to prevalence of influenza.

Dr. G. E. Sexsmith, chairman of membership committee, thought it was a good time to round up present membership two hundred and fifty-two, and yet many men in the county are not affiliated with the society.

Action to be taken on deaths of Drs. Brown, Kyte and Strasser, referred to committee on necrology.

Under clinical cases, Dr. Swiney exhibited a man who had been operated on four times for inguinal hernia without any cure. Ten months ago Dr. Swiney operated on him, using four by six inches of the fascia lata, imbricating same, and securing a good result.

Another case he referred to was one of crampy pains in abdomen, and from further study we got the impression there ought to be some foreign substance in the intestinal tract. Exploration revealed an intussusception of transverse colon into caecum with a black appendix, which was removed, and the colon and caecum anchored to the abdominal wall.

He also exhibited a spleen weighing seven and three-quarter pounds which he had removed from a female patient with chronic splenomegalia, and gave a resume of the case, following operation, until her death eight weeks later.

Dr. T. R. Chambers spoke of four cases of acute parenchymatous keratitis; in one of these an eye was practically blind, and the other going. Wassermann four plus. Had four salvarsans in four weeks—atropine on iris was practically nil; then atropine salve with no marked result. The patient seemed to have more than a moderate cyclitis, and would lie in bed with eyes shut. For one week no medicine given; then had convulsion not relieved by any therapy; four hours later died. Autopsy showed congestion of brain. The question he had in mind was whether a collective effect caused the convulsions.

The topic of the evening was "Symposium on Influenza." Dr. I. Pyle opened the discussion by speaking on the medical aspect of influenza. We regret that lack of space will not permit the publishing verbatim of the excellent talks on this appropriate topic, and therefore must content ourselves with a synopsis. Dr. Pyle covered the whole therapeutic phase of the disease. He felt afraid to use opiates as it was often difficult to demonstrate broncho-pneumonia for several days after onset. He believed the prime essential was to change the poor hygienic surrounds when they existed; that the best treatment was rest and fresh air, and, if proper conditions were not obtainable at home, removal to a hospital was indicated. He used some coal tar derivatives, quinine, Dover's powder and creosote. In closing he referred to the results of treatment, etc., at City Hospital.

Dr. Wm. L. Pyle spoke of the complications of influenza. He regretted he had very short notice and poor preparation. He discussed pain in its various phases and location, and

used acetanilid or Dover's powder for relief. Excessive sweating came next as a prominent symptom in this epidemic, which recalled the fact that in the fourth century it was called sweating sickness. Dehydration sometimes resulted from this tremendous loss of fluid, and needed abundant water, etc. Warmth favored immunity, and cold acted in an opposite fashion. Hyperpyrexia could be dealt with by well directed hydrotherapy. Exessive cough—often of dry brassy character—relieved by codeiae or elixir terpin hydrate with heroin, but no heroin to any case with right heart dilatation. Hemorrhages—often as nose bleed—sometimes gastric, or from other mucosa—perhalps shown as advanced menstruation; from stomach would often suggest ulcer, but presence of temperature, etc., helps in diagnosis. There were many rapid cases with intense toxemia, exhausting the patient from onset, and could cause death in thirty-six hours.

Under sequlae the so-called pneumonia was the most frequent—one case out of three developing some type—mostly broncho—and showing more and brighter blood than in ordinary type. Death in these cases often due to right heart dilatation. The mahogany lip made for bad prognosis. Another sequela was empyema, which generally needed surgical intervention. There might be a lighting up in some cases of a latent tuberculosis. The last and most tragic complication suggested that influenza was no respecter of the pregnant woman, and Dr. Pyle narrated some sad cases and referred to the high mortality under these conditions.

Dr. Vanderleith, Jersey City Laboratory, told of the difficulty of isolating the influenza bacillus, and that while there might be a difference in the morphology, there was only one type. He described the probable method of the introduction of the epidemic to America, and mentioned that it seemed strange that the organism in this epidemic should not produce a leucocytosis often until latter part of the disease. It seemed as if the body lacked the power to produce antibodies or pus, as shown by the presence of serious exudates at autopsy. He said that the organism when passed from one person to another became more virulent, and experience has shown that the epidemic was not produced by a filterable virus. He then differentiated between serum and vaccine, and told of the work at the Jersey City laboratory on influenza, and felt that the only way to come to correct conclusions was to get a report from every man using the vaccine. In closing, he emphasized the thought that the influenza germ was the main bug in this epidemic, and all the others complications; that influenza prevented the formation of antibodies, and other things followed.

Dr. Wallace Pyle dwelt on complications in the eye and ear, and Dr. A. F. Haskings on the neurological aspect of the epidemic. We have a resume of these topics, and will publish them in next issue.

MIDDLESEX COUNTY.

Fred L. Brown, M. D., Reporter.

The regular meeting of the Middlesex County Medical Society was held at St. Peter's Hospital, New Brunswick, December 26, 1918. In the absence of the president, Vice-President L. P. Runyon occupied the chair.

Drs. Hoffman, Saulsberry, Gutmann, Brown, Hunt, Runyon, English, Voorhees, Dunn, Meacham, Donohue and Klein were present.

The following new members were elected: Drs. John J. Reason of Carteret; William J. Nelson, New Market; James O. Carrington, and Harry Berger of New Brunswick.

Dr. E. A. Meacham of South Amboy, as retiring president, read a paper on "Sterility." He considered especially the class of cases that were dependent upon hyperacidity to the vaginal secretions and the use of alkaline douches.

There was considerable discussion of his paper, followed by a discussion of the recent epidemic of influenza, all the members present participating.

SUSSEX COUNTY.

The postponed annual meeting of the Sussex County Medical Society was held at the Cochran House, Newton, Wednesday, December 11, 1918.

The following officers were elected for the ensuing year:

President, Harvey D. Van Gaasbeek, Sussex; vice-president, Thomas R. Pooley Jr., Newton; secretary, Frederick P. Wilbur, Franklin; treasurer, Bruno Hood, Newton; reporter, H. D. Van Gaasbeek, Sussex.

Owing to the prevalence of influenza and the scarcity of physicians in the county, we were not able to hold the meeting at the usual time. This has been a strenuous year for our physicians; we have lost four by death during the year and five have been in the M. R. C. service, leaving us very short handed. During October the prevalence of influenza added a great burden of work to those remaining, two of whom were confined to their homes by sickness during nearly all the time, leaving the entire work to twelve men. No scientific work of importance was transacted at the meetings.

Dr. E. P. Uptegrove of Vernon was elected a new member of the society.

New Jersey Joint Tuberculosis Conference.

This conference was held in the Y. M. C. A. building, Jersey City, November 23, 1918. Dr. David H. Lyman, president of the National Tuberculosis Association, who has spent some time in France, related his experiences with the Red Cross there and its relation to tuberculosis. Dr. Allan K. Krause, editor of The American Review of Tuberculosis, spoke on "Some Aspects of the Tuberculosis Problem." Discussions were held on tuberculosis work among discharged soldiers, recent legislation in regard to the disease, the modern health crusader movement, the new army standards, the importance of accuracy in diagnosing tuberculosis and the need for more hospitals in treating the white plague.

Tuberculosis has killed as many persons in the four years of war as have been killed in battle. We must care for the consumptive in the right place, in the right way, and at the right time until he is cured; instead of in the wrong place, in the wrong way, at the wrong time until he is dead.—Pryor.

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OF THE

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PUBLICATION COMMITTEE:

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.

All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

VERY IMPORTANT!

YOUR DUES were payable on January 1st. If not yet paid, see that your county society treasurer receives them not later than the 15th and HE should send them to Treasurer Mercer of the State Society by the 20th, in order that you shall not be reported delinquent to the A. M. A., and that your name shall appear in our Official List which this year will probably be issued in March.

EVERY MEETING of a county society should be very promptly reported to the Editor of the Journal, who will be glad to receive also reports of all local medical societies and any items of medical interest. Remember that the Editor is not ubiguitous or omniscient. Most of the hospital, health, death and personal items have been gathered from the three newspaper exchanges he receives.

Every new member's election should be promptly reported to Dr. W. J. Chandler, Secretary: also all changes in addresses. But remember that the newly elected member is not enrolled until his dues have been received by Dr. Mercer.

"No man has done his Duty who has not done his Best."

"It's never too late to mend, but don't let us put it off till we forget how."

VOLUME XVI—1919.

The Editor, in beginning another volume of the Journal and another year's work, extends a hearty greeting to every member of our Society and every reader of the Journal, wishing each a very

Happy New Year

not in any formal manner, as a mere custom, as he realizes that we are entering on a new era in the world's history, which ushers in the dawn of an enduring peace —founded on righteousness and insuring humanity's highest welfare and happiness.

We therefore take up the new year's work in a decidedly optimistic spirit, knowing that autocracy—the enemy of real, enduring peace and happiness, has been utterly overthrown and that the world has been made safe for Democracy. The triumphal songs of victory ring in our ears and fill our souls. Volumes might be written on the sudden ending of the war, but we need only say that its suddenness is the strongest evidence of God's ordering and that the anthem has again come from heaven—"Peace on earth; good will toward men." It is our satisfaction and comfort to believe that the God of our fathers has used our Nation as one of His chief instruments in bringing victory and it is our great cause for thanks and rejoicing that New Jersey has contributed her full share in proving the instrument's efficiency. We must not fail to mention the part the medical profession has loyally and efficiently contributed to the victory achieved, and again we affirm that New Jersey has been true to her past record of unselfish and self-sacrificing devotion to suffering humanity and to the moral and pecuniary support of the Government and its noble defenders.

The Journal will continue, as heretofore, to endorse and encourage our Society's altruistic record. In the name of the Society we welcome back to our councils and activities the hundreds of our members who have won honor for themselves and for our profession by the splendid service they have rendered in M. R. C.and other war agencies, and we strongly advocate a royal reception for them at our annual meeting in June, which should be an occasion of deep and lasting cementing of professional ties and of inspiration for devotion and efficiency in the service of humanity.

In the meantime the Journal will continue to urge the more thorough organization of the medical profession. We exceed-

ingly regret that more than one-third of the medical men who entered the country's service during the war were not connected with any county medical society. *That condition of things should not continue.* It is not creditable to the non-member, or to the profession and it is not for the best interests of the State and its citizens. An earnest and persistent effort should be made by every county society, and every individual member, to have every legally qualified and honorable physician enrolled, for obvious reasons that we cannot now discuss. One county society in December added five new members, largely through the efforts of one of its officers.

It will be our endeavor to make the Journal during 1919 more helpful to our members than ever before, especially to those who subscribe for few, if any, other journals and who purchase few medical books.

In the great progress our profession is constantly making, it is necessary to keep ourselves informed of new methods of ascertaining the etiology and the correct diagnoses of diseases as the bases of successful treatment of our patients. While the value of long experience in the treatment of disease should not be ignored, or the fact that clinical symptoms are of great value in arriving at correct conclusions, the newer methods of differentiation in the interpretation of symptoms are most valuable help, especially those that the laboratory gives us, but here again we need help rightly to interpret laboratory findings. Failure to do so has led some to question or even discredit their value. We have asked Dr. Lowy, of the Newark Serological Laboratory, to give the Journal, for the benefit of our readers, information concerning the right interpretation of laboratory reports and we are glad to insert his first article in this issue of our Journal.

The editor again urges the reporting of every society meeting, both county and local, as soon as possible after its adjournment. The Reporters and Secretaries, as they may agree to do in each case, should realize that failure to report not only injures his society's attendance and efficiency in work, but also damages the society wherever the Journal goes—in this State and in all the other States. Notice of every death of a member with the society's action thereon, important items concerning members, hospitals, health work, etc., should be promptly sent to the editor, to New Brunswick.

The editor takes this occasion to congratulate and extend a hearty welcome to the new chairman of our Committee on Publication—Dr. C. D. Bennett, who takes the place of our lamented Dr. Strasser. We have asked both President Harvey and Chairman Bennett to give us a message for the New Year and we ask the careful consideration of our readers to their messages which it is our great pleasure to insert. May they call forth better service.

PRESIDENT HARVEY'S MESSAGE.

The New Year always brings to us a duty, the thoughtful review of our activities in the old year and of our opportunities for improvement in the new. It brings regrets caused by our omissions in the past, and resolutions for better work in the future.

The year 1918, however, has brought us so many things for congratulation and rejoicing that we have little to reproach ourselves for; the future is so full of opportunities for developing the altruistic work of our profession that as medical men we may have some difficulty in choosing those things which are most important.

The prominent reason for congratulation has been the wonderful response of the members of our society and of the profession at large to the call of our country. Fortune, future and family have been sacrificed that our soldiers should have the best that we could furnish. For some this sacrifice has included life itself. For these men, truly martyrs to the cause of Freedom, it is our duty to prepare some memorial that will perpetuate the influence of their devotion.

We should be supremely thankful for the return of so many back to their work and to their accustomed activities in our society. It is our duty to see that they will not find it difficult to reinstate themselves in their practices and that we render an honest account of our stewardship so solemnly promised to them when they left us. We will find them greatly changed for the better, never has a great body of medical men had such a wonderful post-graduate training as these men have had, they have been taught the importance of attention to detail, and the cultivation of habits of precision in observing and recording their work, and they have learned, more thoroughly than ever, the importance of personal responsibility which is often forgotten in civil life. This war has also demonstrated the value of a properly trained Medical Service. It has been called the "Triumph of the doctor." No small factor in its happy and successful termination has been the

work of preventive medicine. The evidence of this if detailed would fill a volume.

It is for us to see to it that when our members come back they will find our medical societies well in hand to continue the work that they laid down. Many of the county societies have felt the loss of their young active men very much and we should use every effort to strengthen our medical organizations to meet the changes in the social life of this country which are bound to come.

The tremendous movements toward State Socialization that have been set in motion by the war are going to effect the status of the doctor in a great many ways. Our county medical societies should study intelligently such questions as Health Insurance which will surely be brought to our attention by legislation in the near future with the same lamentable effects upon the profession as has happened in England and Germany if we are not prepared to take our part in formulating the legislation. If there is to be collective bargaining in medical matters, then it behooves us to be thoroughly posted and alert to arrest disaster.

I recommend that each county society devote one meeting this year to the study and discussion of this subject.

To each and every member of the Medical Society of New Jersey I take this opportunity of extending the compliments of the season in best wishes for a happy and successful year.

CHAIRMAN BENNETT'S MESSAGE.

The relay race is on. One has fallen by the wayside; another takes up the message and carries it forward.

The new chairman assumes his duties with much hesitation and a reluctance to follow a predecessor who had done so much to convert The Journal from an expensive liability to a productive, profitable asset.

Probably none of our readers, except the equally hard worked and loyal co-laborers of the Publication Committee, have any idea of the tremendous amount of work and the hours and hours of time, freely and enthusiastically given by the late chairman in the management of the business affairs of The Journal. He was determined that The Journal should be a success with the whole committee co-operating, it is fair to state that his wish has been attained.

The present chairman pleads for charity. The work is entirely new to him and his career may be marked with errors, which, it is hoped, will not be serious. He is sure of the friendly help of his associates on the committee, but he desires more than this. The members of the Society must do their part. The chairman desires to call the attention of the members and the readers at large to the high standing of our advertisers. It is the policy of The Journal to admit none among the advertisements that are not in the highest degree ethical and whose representations may be accepted as honest and worthy of consideration. Following this course, there can be no hesitation in urging our subscribers, when needing supplies, to first consult our advertising columns and if possible, to therein find what they need. In this way, your committee will be materially assisted in carrying on the work so successfully promoted in recent years.

With then, all our forces working together, with our absent members soon returning home, with peace and prosperity in sight in the near future, with boundless opportunities for the extension of our business and our influence, your chairman feels that he can take up the burden of this unfamiliar work and will endeavor, with the assistance of all of you, to at least keep The Journal as prosperous and as helpful as before.

He sends to all a Christmas greeting.

Even those to whom the war has brought sorrow should remember that it has also brought glory and the dignity of suffering. Those who have died for our country are forever on our honor roll, and as time gradually softens our sorrows we shall sometime look back with a quiet joy and pride on our association with the brave and devoted soldiers of the Great War, now so happily ended.

OUR HONOR ROLL.

We acknowledge with thanks the receipt from Major Joseph MacDonald, head of the Medical Department of the Army Station, Newark, a list of the medical men of New Jersey who passed the examination at that station and accepted—or were offered commissions in the M. R. C. The Major says:

"There are any number of doctors in the service who have applied for commissions either in the navy or through the New York or Philadelphia recruiting offices, the record of which I do not possess. You will find a number of names on this list checked in red. These men have been returned from the service or refused to accept their commissions and should not be listed as those serving their government."

If there are any doctors who entered the service through the New York, Philadelphia or other recruiting offices, the editor wishes their names, from themselves or from those who *know the fact*. Please send information to him to New Brunswick as soon as possible, as he expects to insert the list in next month's Journal and wishes it to be as full and accurate as possible. Of course, we wish to include the name of every doctor who entered the service and was, subsequently, honorably discharged because of sickness or the urgent needs of his home field.

WHY IS WAR?

Can it be abolished by the simple expedient of international agreement? If not, How?

These are the questions that will occupy our minds for some time to come, though truth to say, the simpler minds among us do not seem to entertain any doubt on the two first questions. War, they hold, is the consequence of non-democratic governments. It can be abolished by the setting up formal democracy throughout the world, and then making a Solemn League and Covenant to close the temple of Janus "for keeps."

There are, however, those who take a less optimistic view. Some of these hold that democracy is of the inner soul of a nation, and not of its outer forms. They point to nations that are democratic in form, but oligarchic or plutocratic in essence. And so long as material success is the standard of judgment, this must be. If we adopt literally, as is done in some places in this wicked world, that cynical French proverb, *"L'argent ne pue pas,"* so long shall we be under a mere mockery of democracy. If the fact that a man probably got his money by graft does not affect his social or political standing, provided he can "get away with it," then it is idle to set ourselves above other nations as an example to them, whether we are democratic, monarchical, or anarchistic in our own outer forms of government.

Then consider the question biologically. Why is War? If we can find its true cause, we may discover a remedy, or, and this is the crux, a *substitute*.

War is a manifestation of vanity. "The vanity of kings," say the formal democrats. The vanity of the animal *Homo Sapiens*, replies the biologist. What is vanity?

Vanity is the desire to excel in pleasing the opposite sex. It is, therefore, in its original manifestations, of which the combat instinct is one, a high and can become an exalted virtue. Just as exalted as the closely related maternal instincts.

The women of the nations are now facing the unpleasant necessity of abdicating as the wives of handsome heroes in khaki, to take the humbler role of commuters' wives. They do not like it. The men do. That is the difference. Do men quarrel combatively in their clubs? They do not. Do they when women are involved? Don't they?

Women suffer most in war. They also glory most in it. War is their tribute. If they do not know it, they act as though they did, and that is what matters.

If at your club a man dines with you who has the V. C., do you let your men friends know this before you introduce him? You may or you may not. But omit that little preliminary when you are about to present him to a women, and you will do well to avoid her when she finds out about him, after having, owing to your negligence (of biological principles), treated him indifferently. *Experto credite.*—Interstate Medical Journal.

THE DOCTOR'S PART.

The doctor's part in this war exceeds in importance that played by the doctor in any preceding war. His most important role has been played in preventive medicine.

Dr. W. W. Keen has said that during the Civil War 80,000 of the troops engaged suffered from typhoid fever. During the war with Spain in the army of 180,000 there were 20,700 cases. During the present war, less than 200 of the troops in our own army have had this disease. The new lipo-vaccine T. A. B., of the French Army, which gives immunity after a single injection, promises not only to simplify and accelerate the administration of the preventive vaccine but will probably lower the morbidity and the death rate still further.

The prophylactic measures against venereal disease have also had a very marked effect, though this appears more strikingly in the lower sick rate than in the mortality; but the low sick rate is a matter affecting vitally the effectiveness of a command. * * *

The fiendish ingenuity shown by the Germans in adding new horrors to war by the use of poisonous and irritant gases has called for the display of an equal or superior degree of ingenuity in creating means of defense, and this too has been the doctor's part, for the gas defense service was origi-

nally organized by the surgeon general though the work is now carried out by chemists.

In the field of treatment, too, the doctor's part in this war transcends in importance that played by the doctor in any previous war. The Carrel-Dakin, the De Page and other methods of treating wounds, and the De Sandfort method of treating burns, the method of treating gas burns, devised by our own pharmacists in the chemical service, the wonderful results achieved in plastic facial surgery and in reconstruction are all new, and these form but a portion of the doctor's part in the war. Through these curative methods, something like ninety per cent. of the wounded are returned to duty. * * * *

To write of war is also the doctor's part and reams have been written by the doctor, most of it technical and didactic. For the doctor who is in active service in this war is a student in the greatest medical school of all time, and must perforce put down for the help of others what he has himself but just now learned. It is indeed significant of the place filled by the doctor that, with us, the term doctor, which in its original significance meant teacher, should come to mean practitioner of medicine. For every practitioner of medicine is a teacher, the general practitioner teaching his patients the laws of health and the methods of conserving it, while the specialist in turn teaches his fellow practitioners what he learns in his own particular field. The doctor's part in this war has indeed been most helpful and most creditable both as a participant and as a teacher.

UNSUNG HEROES.

From the Camden Daily Courier.

We are told the surgeons in the army abroad are unsung heroes. That is quite true, for while they are saving the wrecks of battle, working hours and hours under fire, performing wonders of skill, little is heard of them, except in medical reports or desultory narratives. Yet to a very large extent almost the future of the race depends upon these men of nerve and heroic endeavor, for without them countless thousands would be dead and many more cripples. All honor to these unsung heroes who are perhaps fully satisfied with the knowledge they are performing that duty to humanity which is the essential part of their calling. Anyhow the true hero dont' want to be sung about nor will he admit he is a hero.

In Collier's Weekly of September 21 Samuel Hopkins Adams pays a glowing compliment to the work of the medical profession in connection with the present war. Among other things he says that "the vast and complex job of making over our peace doctors into war doctors is the nearest thing to 100 per cent. achievement that the Government has yet performed in this war." Notwithstanding the fact that nearly every department of war activities has been charged with inactivity, incompetence and almost criminal extravagance, to say nothing of graft, it is refreshing to know that the work pertaining to the organization and operation of the Medical and Surgical Department of the Army and Navy has not been subjected to a single criticism, and, as Mr. Adams says, it has been the nearest thing to a 100 per cent achievement. The medical profession should be proud of this record of medical men for heroic and humanitarian service in connection with attention to the lives and health of Uncle Sam's soldiers.

It is refreshing for the medical profession to know that while charges of inefficiency, dishonesty and negligence have been directed toward almost every department of the government having anything to do with the present war, not one word of complaint has been made against the medical and surgical department of the Army. This is worthy of note in view of the rapid and enormous expansion of the medical and surgical department and the necessity for the expenditure of millions of dollars for equipment and supplies. Furthermore, we have profited by the experience of our allies, and it is especially noteworthy that we have improved methods in furnishing our troops with the latest and most efficient service.—Exchange.

THE PROFESSION'S WELFARE AFTER THE WAR.

Much has been said about the important part to be played by the soldier in the future affairs of nations, for it is well understood that our fighting men, when they return to civil life, will expect to see the fruits of the war for democracy. They have bled and suffered for liberty and life that would be worth while, and they will surely lay claim to that for which they have doubly paid.

What about the doctor, whose skill and devotion have meant so much in the course of the struggle? What part will he play,

when he "comes marching home," in the way of securing the profession against enemies without? Is it to be supposed that the physicians and surgeons who have borne such a considerable share of the burdens of the war will tolerate in civil life such menaces to professional dignity and efficiency as health insuranec, and is it to be supposed that they will tamely submit to the continued practice of medicine on the part of quacks and freaks of all sorts?

Our increased importance in civil life after the war will be due chiefly to the glorious service of medical men, a service without which modern war would be impossible. But only justice and honor and service will be sought by us through that increased importance. These are our only ambitions, and let him who would thwart them beware.—The Medical Times.

The questions above asked are very pertinent, but let us realize that the overthrow of existing and the defeat of proposed "menaces to professional dignity and efficiency," and the doing away with the "practice of medicine by quacks and freaks," require a *united* profession, organized and active.

The doctors who refuse to join county medical societies, or who, being members, are "too busy"—looking after their personal pecuniary interests, or are so indifferent concerning their brethren's, their profession's or humanity's interests, that they do not attend the meetings or show willingness to *serve* on committees, are largely responsible for existing or threatened menaces and for the continuance of the illegal practice of medicine.

The war is over and the call is urgent and persistent for a united medical profession—not for the profession's exaltation, but for the welfare of humanity, for whose rights we have been fighting. Let *every member* be as loyal in serving humanity henceforth as have been our members who have rendered such splendid service in the M. R. C. and other world war work. That will be honor and glory enough for our profession and for every man who shares a part in it because of faithful and efficient service.

Let us carefully read, be impressed by and heed the following words:

The whole world calls for new work and nobleness. Subdue mutiny, discord, widespread despair, by manfulness, justice, mercy and wisdom. Chaos is dark, deep as hell; let light be, and there is instead a green, flowery world. Oh! it is great, and there is no other greatness! To make some nook of God's creation a little fruitfuller, better, more worthy of God; to make some human hearts a little wiser, manfuller, happier, more blessed, less accursed. It is a work for God.—Carlyle.

There cannot be a more glorious object in creation than a human being replete with benevolence, meditating in what manner he might render himself more acceptable to his Creator by doing most good to his creatures.—John G. Quinius.

Since the medical profession is a human institution I cannot doubt it has its faults, both oversteppings and shortcomings. But I do not know them. I know no other calling that so faithfully, unselfishly and constantly toils to put itself out of business.—George W. Cable to the Medical Review of Reviews.

I consider the medical profession the noblest of all professions, and I believe that those who embrace it are, as Stevenson puts it, the flower of our civilization, and that there are fewer defects and more virtues among them than among any other class of men.—Robert W. Chambers, in the Medical Review of Reviews.

Medicine may yet have to give thought to its relation to the conditions that will follow the social changes that now seem written upon the wall in all the belligerent countries. When the labor-controlled democracies come into being, and the medical profession is called upon to adjust itself to the new dispensation, and to stop thinking almost wholly in the terms that characterize the retainers of capitalistic dominion, there will naturally be a turnover in attitude and in practice. First of all, we must begin to contemplate seriously what the new dispensation will be like. In this connection it is well to recall what the seer Emerson prophesied:

God said, I am tired of kings,
I suffer them no more;
Up to my ear the morning brings
The outrage of the poor.

Think ye I made this ball
A field of havoc and war,
Where tyrants great and tyrants small
Might harry the weak and poor?

I will divide my goods;
Call in the wretch and slave;
None shall rule but the humble,
And none but Toil shall have.

I will have never a noble,
No lineage counted great;
Fishers and choppers and poughmen
Shall constitute a state.

Lo, now! for these poor men
Shall govern the land and sea
And make just laws below the sun,
As planets faithful be.

I break your bonds and masterships,
And I unchain the slave:
Free be his heart and hand henceforth
As wind and wandering wave.

To-day unbind the captive,
So only are ye unbound;
Lift up a people from the dust,
Trump of their rescue, sound!

Pay ransom to the owner
And fill the bag to the brim.
Who is the owner? The slave is owner,
And ever was. Pay him.

My will fulfilled shall be,
For, in daylight or in dark,
My thunderbolt has eyes to see
His way home to the mark.

When Emerson wrote the foregoing lines he was looked upon as a harmless dreamer, a transcendentalist, but in what must have seemed to his contemporaries mere academic anarchism we find formulated the philosophy of the democratic movement now in progress.

Does anyone suppose that under the new dispensation such makeshifts as health insurance will be tolerated for a moment by a free and economically well-ordered people, with a keen recollection of the Prussianistic degradations that the retainers of the privileged classes once sought to foist upon them? What is now sauce for the goose must be made sauce for the gander, too. The profession will be left free, and self--respecting men will share alike in the benefits that medicine has to bestow.—Medical Times, N. Y.

Again we say, with added emphasis—

Let us begin the new era in the world's and the medical profession's history by dropping the unworthy habits of selfishness and carelessness and rise to the dignity and grandeur of a true manhood which should find its highest expression in the medical practitioner.

$10,000,000 for Medical Research.—The will of Captain Joseph Raphael De Lamar, who died in New York on December 1st, leaves nearly half of his estate ,estimated at about $25,000,000, to the Harvard University Medical School, the medical department of Columbia University, and Johns Hopkins University, to be used for research into the causes of disease and the principles of correct living.

Requisites of Convention.—The first ingredient in conversation is truth, the next, good sense, the third, good humor, and the fourth, wit.—Sir William Temple.

Special War Items.

Honorable Discharges and Resignations, Medical Corps, U. S. Army.

Members Medical Society of New Jersey.
Frank Brouwer, Toms River.
R. W. Randall, Hackettstown.
Joseph J. Smith, Newark.
Philip S. Brundage, Grantwood.
Elton F. Corson, Bridgeton.
Frank F. McDede, Paterson.

Orders to Officers of the Medical Corps, U. S. Army.

Members Medical Society of New Jersey.

Lieut. John J. Burne, Newark, to Camp McClellan, Ala., base hospital.

Capt. J. Willard Farrow, Dover, to Camp Jackson, S. C., base hospital.

Lieut. Edgar B. Funkhouser, Trenton, to Newport News, Va.

Lieut. James H. Lowrey, Newark, to Mayo Clinic, Rochester, Minn., for instruction.

Lieut. Joseph J. Mann, Perth Amboy, to Camp Dix, N. J.

Capt. Clifford Mills, Morristown, to Richmond, Va.

Capt. William A. McMurtrie, Morristown, to Carlisle, Pa.

Capt. Guy Payne, Cedar Grove, to Newport News, Va.

Lieuts. W. Price Davis, Atlantic City; George S. Laird, Westfield, and Capt. Milton A. Shangle, Elizabeth, to Camp Dix, N. J.

Major Harold D. Corbusier, Plainfield, and Lieut. William Spickers, Paterson, to Colonia, N. J.

Capt. Harry V. Hubbard, Plainfield, to Walter Reed General Hospital, Washington, D. C.

Capt. Joseph H. Oram, Paterson, and Lieut. Frank L. Martine, Newark, to Camp Crane, Pa.

Lieut. Philip J. Stout, Jersey City, to Camp McClellan, Ala., base hospital.

Awards for Heroism.

The Distinguished Service Cross has been awarded to Lieut. James G. Hall, M. C., U. S. Army, assigned, 360th Infantry, "For extraordinary heroism in action near Montovlile, Sept. 12 and 13, 1918. In spite of severe wounds, including two broken ribs received in his first day of action, Lieutenant Hall stayed at his post for thirty-six hours administering first aid to wounded throughout the combat. Numbers of lives were saved by his devotion to duty."

Maimed M.R.C. Lieutenant Wins Military Cross

For gallantry and devotion to duty under shell fire and machine gun fire in the front line, First Lieutenant Robert N. MacGuffie, a Passaic, N. J., physician, has received from the English Government the British Military Cross. Lieutenant MacGuffie, who is an officer of the United States Medical Corps, was severely wounded in both thighs by a high velocity shell which exploded near him at Valenciennes, on November 1, when that city was recaptured from the Germans. He is now in the Third London General Hospital, London, England, recovering from a fourth operation performed by noted surgeons in an effort to restore to him

the use of his legs. He was in the thick of the fighting at Ypres, Armentieres, Lille, Arras and the last Flanders drive.

Wounded and Sick Soldiers from A. E. F. to Be Placed in Hospitals Near Homes.

The Surgeon-General announces that the Hospital Division has perfected plans for the care of sick and wounded soldiers from overseas in hospitals in the sections from which they were inducted and which will not be more than 300 miles from the relatives of the patients. The Hospital Division now has seventy-five of these hospitals with a capacity of 104,-231 beds which were turned over to the Surgeon-General by the general staff; these do not include the fifteen hospitals located at the ports of debarkation at New York and Newport News which have a bed capacity of 22,066.

The four hospitals located in New Jersey are: General Hospital No. 3 at Colonia; General Hospital No. 9 at Lakewood; General Hospital No. 11, Cape May, and Base Hospital, Camp Dix, Wrightstown.

Letter from Dr. H. W. Nafey.

A letter was recently received from Dr. Herbert W. Nafey of New Brunswick, lieutenant M. R. C., U. S. Army, 316th Field Ambulance, France, dated November 11, 1918, as follows:

This morning came the confirmation of the reports which we had heard yesterday afternoon, namely, that the Huns had accepted our terms for an armistice. I thought of you at home, knowing that you would not receive the news for five or six hours at the earliest.

I wish you could have seen the faces on the "Tommies." Every one of them you met was beaming with smiles. The armistice did not go into effect until eleven o'clock this morning (French time) that would be about 6 A. M. New York time.

At last peace has been gained. The Huns are beaten down and now they will have to pay the price of their crimes. A wonderful victory has been gained and I am glad that I have had a small share in it.

I wish you might have seen a little ceremony that took place in this village this morning. The regimental bands turned out and led our entire brigade to the small square in the center of the village. One of the army chaplains then held a service of thanksgiving to the Almighty for having given us peace and victory. We all say "peace" because we know the Huns must accept any conditions we see fit to impose upon them. The old Hun is completely broken and his morale gone. Rumors have it that many cities in Germany are on the very verge of starvation, and her losses in men, guns and material of all kinds has been tremendous.

It is wonderful to witness the meetings between the French soldiers and their families, many of whom have never heard a word from each other for the four years and a half of the war. You may be sure there is great rejoicing in these French villages.

We cannot make ourselves realize that the war is over. To be able to have a light at night without the fear of a boche airman dropping "eggs" on the top of one's billet, is indeed a great change. Not to hear the constant cannonading too, is strange. The armistice became effective at 11 A. M., and as a last present to the boche three of our batteries of heavy howitzers sent over two salvos to him at 10.59 A. M. That was the final word.

I hope you will remember me to all my friends at home.

Health of American Army Excellent.—Major General William C. Gorgas, in his annual report as surgeon general, made public on December 6, states that the health of the American Army both at home and abroad has been excellent, and the mortality rate from disease probably lower than in any similar body of troops in the history of warfare. Complete statistics of deaths in army camps are not included in the report, which covers only the fiscal year to June 30, 1918. In 1917 total deaths from disease were 2,984, and the death rate per thousand 6.3; the seven-year average has been 4.9. General Gorgas points out that had the morbidity of typhoid fever been the same as in 1898, ther would have been 1,400 deaths from that disease alone, whereas there were only 23. Measles is placed at the head of diseases causing death, although the records show that 65 per cent. of these deaths were due to resultant pneumonia.

Work of City Club's Ambulance Unit.—The ambulance unit sent abroad by the City Club of New York has transported more than 50,000 wounded men from the front lines to dressing stations and hospitals in France. Fourteen of the drivers serving with the unit have been decorated with the French War Cross; and in addition, as a result of the club's war activities, funds have been supplied for the support of 1,600 fatherless children of France.

Red Cross Work in Jerusalem.—How American Red Cross physicians engaged in relief work accomplished worth while results in the face of great difficulties is shown in a report from Dr. W. S. Dodd, an American Red Cross physician, working at Mejdul. With two capable English trained nurses and three native helpers, Doctor Dodd performed 252 operations in seven weeks, besides giving medical examinations, treatment, and counsel to hundreds of the destitute inhabitants and refugees. The hospital was most primitive, about twenty-five tents comprising the hospital proper, with one dispensary tent, and tents for the living quarters of the staff. The clinics numbered sixty to a hundred a day, and included all classes of cases in medicine and general surgery, although by far the largest proportion were eye cases, which included 222 of the 252 operations performed. There were some cataracts, not more than would be seen in the same number of cases elsewhere, but trachoma and its consequences accounted for almost all of the eye troubles. Radical treatment was instituted in these cases, with splendid results when patients could be kept long enough for a reasonable aftertreatment. Accident cases included some cases of bombed hands of which there had been quite a number in the earlier days of the war. These were largely in children, and were due to picking up unexploded Turkish bombs that were lying in the fields from the time of the British advance in the Gaza region. Many fingers and even hands were lost from this cause.

Red Cross Plans Permanent Service.—In a statement recently issued to the 3,854 chapters and the 22,000,000 members of the American Red Cross, Henry P. Davison outlines the future plans whereby the organization built up during the war will devote itself to relief work throughout the world. Study is being given not only to problems of international relief, but to plans for this country for enlarged home service, the promotion of public health education, development of nursing, the care and prevention of accidents, and other correlated lines which may contribute to the health and happiness of men, women and children. The international relief work will be done in co-operation with the National Red Cross and other relief agencies of other nations. The task of fighting tuberculosis, promoting child welfare, and caring for refugees, with which the American Red Cross has concerned itself in France, Belgium, and Italy, will at an early date be assumed by the governments, the Red Cross organizations, and the relief societies of those countries. From a financial standpoint the American Red Cross announces that it is in a thriving condition.

Venereal Diseases in Army and Civil Life.—In these five camps (Dix, Lee, Upton, Meade and Pike) there were about nineteen times as many cases contracted before enlistment as afterward. It is, therefore, the disease contracted by civilians before enlistment, under civil conditions, which is responsible for the disability due to venereal disease in the army. To reduce the small amount of venereal disease contracted after enlistment is the problem of the army. To cut down the vast amount brought in from civilian life is the problem before the state and local health officers throughout the United States. There is no greater or more urgent health problem before them to-day. To solve the whole problem, the army and the health officers will need to exercise the closest co-operation.—Major W. A. Sawyer, M. C., U. S. Army, Am. Jour. Pub. Health.

Few Drug Addicts in the Army.

In order to counteract the mischievous effect of current rumors concerning the number of drug addicts in the Army and in the population at large a report made to the Military Intelligence Branch of the War Department by the office of the Surgeon General is made public. Statements that at least 1,500,000 persons in the United States are drug addicts; that 1,000,000 such persons are known in their respective communities; and that in New York alone the number of drug addicts between the former draft ages of twenty-one and thirty-one was estimated at 200,000 have been current. It has also been said that men included in the draft subsequently develop the drug habit in order to avoid military service. The records of the Surgeon General's office show that of a total of 990,592 men examined in the draft up to Dec. 31, 1917, a total of 403 were rejected for drug addiction. To these men may be added seventy-six men discharged for drug addictions after induction and enlistment in the service. The latter number includes National Guard, National Army and Regulars. From the figures given it may be said that there is no evidence in the possession of the War Department to show that there is an excessive use of drugs by enlisted men and officers of the Army. The ratio of rejections from the draft represents one rejection in about 2,500 men.

Increase of Epilepsy Due to War.

Anticipating a marked increase in the number of epilepsies as a result of the war, Dr. David F. Weeks, president of the International Association for Epileptics and superintendent of the State Village for Epileptics at Skillman, has submitted a special report to Commissioner Burdette G. Lewis of the Department of Charities and Corrections analyzing the situation and outlining the probable effect of the war on the epileptic problem.

Dr. Weeks believes that New Jersey is in a position to render valuable service to the country and to aid the army and navy in the care and treatment of present cases, as well as those which may be developed as the war continues. "There will be," said Dr. Weeks, "more cases to care for after the war than before, for the reason that war conditions have brought and will continue to bring to public notice many cases attributable directly to the stress and strain under which the men are mobilized. Likewise, shell shock and trauma will be responsible for a number of cases. Undoubtedly a number of nocturnal epileptics who have not been discovered before will be reported by their companions occupying the same tent or barracks.

At the present time, Dr. Weeks said, the State Village for Epileptics is well prepared to assist in solving the serious epileptic problem confronting United States army and navy. Our courses of study, medical care and institutional equipment are all in readiness to meet the important problem of rehabilitation service.

Canada's Reconstruction Work for Her Soldiers.—Mr. T. B. Kidner, vocational secretary of the Invalided Soldiers' Commission of Canada, tells in The Modern Hospital for November, 1918, the steps taken by his country in the important work of reconstruction of the returned soldier. Beginning with improvised and altered structures for tendering hospital service to disabled soldiers, Canada later devised and erected special types of buildings at various points throughout the country, which, although of substantial type, are not permanent in their nature. After a time, steps were taken to provide for the placement in civil employment of men who had been discharged, after their rehabilitation was complete, and early in 1916 vocational re-education was undertaken. Simple workshops were established, followed later by a wide variety of opportunities which enabled every man, under proper hospital supervision, to undertake some form of activity, mental or physical, which would be helpful to him. Public, semipublic, and private agencies have all co-operated in the great problem of the reabsorption of the disabled men into civil life, and Canada's unusual success in this work of greatest importance is well worth the attention and study of America to-day.

Italy's War Losses.—According to the Italian Bureau of Public Information, Italy's total

war causalties number 2,000,000. Of these 400,000 were killed or died of wounds, and 100,000 died of disease and other causes. In addition 500,000 are listed as permanently disabled, leaving 1,000,000 who were wounded but not permanently disabled, missing, or prisoners.

Austrian Losses. — Austria-Hungary reports 4,000,000 men killed and wounded during the war, of which 800,000 were killed, including 17,000 officers.

American Women's Hospitals. — It is announced that the three units of the American Women's Hospitals will continue in active service in France for another six months. The unit of which Dr. Caroline Finley is the head will spend the winter in the vicinity of Nancy. The gas unit will remain where it is at the present time, while a third unit will continue its relief work among refugees in the south of France. This latter unit, at the request of the French War Department, has added a 100-bed military hospital to its civilian work.

U. S. Army of Occupation Good Health Record. News from Coblenz gives estimates of the Third Army medical officers showing that the percentage of sickness among the occupying American troops is unusually low. There are 4,000 cases of sickness in the eight evacuation hospital, most of which are influenza. Taking 300,000 as the approximate number of occupying troops the sickness amounts to less than one and one-half per cent. Sickness among soldiers in peace times averages from two to three per cent. The good condition of the men is due partly to good billets. The soldiers are drilled enough to keep them in condition. There is no overcrowding nor illness from fatigue or exposure. The hospitals are former German hospitals, and the equipment is modern in every detail.

Where War Has Not Yet Left Its Mark.—Situated in the peaceful atmosphere and picturesque natural surroundings of the tropical islands, the Bahama General Hospital and Asylum is doing a progressive work among the natives, says the Modern Hospital for November, 1918. The group, including a male and female hospital, an infirmary, insane hospital, and leper compound, is housed in buildings nestling among Victorian palms and flowers, on a hill directly overlooking the sea. The staff, aside from two European graduate nurses, is entirely native, and at the present time the training school has nine ambitious and eager students. One of the European nurses, called the matron, teaches the theoretical, while the other, the nursing sister, superintends the practical work. According to the prevailing custom, female nurses attend solely to female patients, while the male wards are staffed entirely by the male attendants. The patients are mostly natives from Nassau and the neighboring islands. The outpatient department, open three days a week, supplies medicine and rations to worthy patients in cases of necessity.

The Magic Wand.—The work of reconstruction of wounded soldiers is appropriately symbolized by the emblem of the medical department, the caduceus, for it was the staff of office of Mercury, giver of life to the dead, help to the sick, strength to the weak. The legend of the caduceus, or herald's staff, is as follows:

Mercury was the messenger of Jove and it was his duty to conduct disembodied spirits to the other world and also to resurrect the dead. He had invented the lyre, constructing it from a tortoise shell. This he exchanged with Apollo for the latter's magic wand, which was simply an olive branch with two fillets of ribbon. When Mercury was travelling in Arcadia he encountered two serpents engaged in deadly combat. He separated them with his wand and so the olive branch became the symbol of peace. The two fillets were replaced by the twined serpents, and the wings were added as the sign of Mercury, the messenger of the gods. Thus, the caduceus represents peace and immortality. In these days of war its wearers have assumed the spirit of the magic wand; they will bring new life to those who will have given up the old in order that the world might have peace. It is a worthy emblem; its followers are worthy of it.—Lieut. J. A. Tobey, in "Carry On."

Army Docters' Talk.

The medical department is one of the largest and most complex machines connected with the army. Its routine functions are arduous at all times, but in addition to these it is called upon to meet emergencies greater and more cataclysmal than those which confront any other branch of the service, writes A. F. Harlow in The Century. Its officers must be versatile, resourceful, quick-thinking, knowing how to make war as well as to repair the ravages of war. "Unarmed combatants," a French officer recently called them, and the phrase was a happy one.

As an example of the manifold duties of the medicine man, an instructor tells us that during a campaign the medical department operating along the line of communication, which is the connecting link between the zone of advance and home territory, is charged with four important functions.

One—It is charged with the maintenance of such a system of sanitation that there may be no undue loss from preventable causes among troops passing en route.

Two—It must mantain such a system of care of the sick and wounded that these may as quickly as possible be returned to the firing line.

Three—It must maintain such a system of transportation that the wounded from the battle zone may be promptly sent to the proper hospitals farther in the rear.

Four—It must maintain a never-failing system of supply of sanitary material to the troops in the zone of advance.

Here are four distinct incumbencies; sanitation, medicine and surgery, transportation and supply, and all this in addition to the care of the hoplessly crippled as well as the disposal of the dead.—Exchange.

Miscellaneous Items.

Blind Babies No Longer.—Annie Elizabeth Reeder of Ridgway, and Edith Florence Slosser White of Clarks Green, who entered the International Sunshine Home for Blind Babies at Summit, N. J., as wee bits of humanity, blind and helpless, have graduated from the Baby Home. One goes to the Overbrook institution for the blind, and the other to Pittsburgh institution for the blind, as exceptionally bright and healthy little girls. Annie Reeder is 8 years old and Florence 9.

Practiced Medicine Without License; Woman Sentenced.

The maximum penalty of six months in jail and a $25 fine was imposed by Judge Richard Doherty on Mrs. Josephine Ondeo of Jersey City, convicted of practicing medicine without a license. Mrs. Ondeo, who is known also as the "Witch of Marion," had undertaken to cure James Giaccion of insanity. According to the evidence at the trial the woman's method of treatment was to give the patient a cold bath, applications of ices and then she shampooed his head with the whites of five eggs.

Quackery on Both Sides of the Ocean.—Under this heading Dr. Pinkhof comments in the Nederlandsch Tijdschrift on the efforts made by the osteopaths to get appointed to the medical corps of the United States Army. He says: "Dr. Gorgas and his staff are better antimonopolists in fact than the legislators in our land (the Netherlands). Our legislators would like to provide a monopoly for the quacks, that is, to confer on them the exceptional privilege of practicing medicine without fulfilling the conditions which every honest citizen has to fulfill. At a recent representative meeting of the organized pharmacists of the Netherlands, the chairman, H. L. Visser, gave a good definition of quackery which may well be taken to heart by every one. He said, 'Quackery, whatever its form, is a gambling game, with life for the stakes and health as the highest prize.' "

Fees for Medical Advice by Telephone.—A Netherlands medical journal announces that the physicians of Utrecht have decided to charge half the rates for an ordinary medical call for advice by telephone. The journal insists that this remuneration is not sufficient. The applicant—usually well to do, with his private telephone—is spared the trouble of a call at the doctor's office and waiting in the anteroom, and yet he gets the advice desired. It surely should be left to the physician, it remarks, whether he shall charge according to the service rendered, the half or the full amount of the ordinary office fee. The Nederlandsch Tijdschrift comments that however the matter is decided, the discussion will have an educatonal effect on the public, allowing it to be understood that a telephone call, compelling the physician to get up from his meal, his book, his repose, or his work is not a gratuitous extra but something that has to be paid for. The Prussian tariff recently promulgated provides for fees from about 40 cents to $1.25 for telephone advice.

Repentance and Reparation.

The Christian world is interested to know whether Germany will repent the long series of crimes which is charged to her account. The astounding manifesto put forth early in the war by a group of her university professors, theologians and religious leaders was a shock to the religious sense of the civilized world. These men declared their belief in the validity of Germany's conduct and gave their full endorsement to it. Much water has run under the mill since then and people are wondering whether the minds and consciences of those men have been awakened so that they realize the depth of the abyss into which Germany has fallen. If she repents and acknowledges that she has violated all principles of honor, justice, decency and right the world will be quick to recognize her new attitude and will be willing to receive her again into the family of nations. If she does not repent and receives the punishment which is bound to follow with hardness of heart and a secret longing for revenge, she is quite sure to be treated as an outcast nation unworthy to be trusted. There are some slight indications that the German people are beginning to realize what has happened and to mourn the loss of their national honor. The spirit in which they make the reparation to her demands by the Allies will show what her real spirit is.—Christian Work.

Cancer Control.

Dr. Edward Reynolds, Chairman, Directors of Amer. Society for the Control of Cancer, says:

"Of civilized people over 40 years of age one in every 14 men dies of cancer and one in every 8 women. These figures are the careful computation of the life insurance companies. Cancer attacks more men and women over 40 than does tuberculosis, pneumonia, typhoid fever or any chronic disease. About 80,000 deaths annually in the United States are due to cancer.

"The majority of cases of cancer in the early stages are curable. The bulk of all cancers are in positions that permit of successful operation. After 40 it is highly unsafe to neglect persistent ulcerations, cracks in the skin, sores, lumps in the breast or chronic indigestion with loss of weight and change of color.

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After 40 years it is highly unsafe to neglect persistent ulcerations, cracks in the skin, sores, lumps in the breast, or chronic indigestion with loss of weight and change of color.

Birthmarks, moles or warts which change

their appearence or show signs or irritation should be regarded with suspicion and should be examined by a competent surgeon.

The Philadelphia Public Ledger in reporting the discussion on cancer of the larynx at the meeting of the American Laryngological Association, said:

"Failure of the general practitioner to bring incipient cases of the disease to the attention of the throat specialists is one reason for the few cures in past years, speakers asserted. The majority of cases brought to experts are in the last stages, too late for complete cures and permitting of only a prolongation of life by operations. Specialists appealed for a campaign of education to eliminate this 'terrible indictment' of the poor co-operation between the general practitioner and the specialist. Such signs as a continued hoarseness for six weeks should be a warning to the practitioner that something beyond cure by lotions or general methods has developed, and that the diagnosis of a specialist is a duty he owes his patient to make sure that some malignant malady is not in its early stages."

Common Colds and Pneumonia.

From the Medical Record, Jan. 19th.

Apprehension lest an ordinary cold in the head may develop into pneumonia is a fear shared not only by the laity, but by many physicians as well. That this fear is not without some justification is evidenced by the fact that an appreciable number of cases of infection of the upper respiratory tract are followed sooner or later by typical lobar pneumonia. Whether this sequence is to be explained on the post hoc ergo propter hoc argument or is merely one of coincidence remains to be elucidated by scientific study. As a contribution in this direction Eugenia Valentine, working in the Bureau of Laboratories of the Department of Health of this city, gives the result of an investigation to ascertain the type of pneumococcus present in persons suffering from so-called common colds (Journal of Experimental Medicine, January, 1918). The method of procedure was to inject some of the nasal secretion or sputum into mice. A total of 65 patients afflicted with colds were examined. Pneumococci were found in 37 out of the 65 cases by animal inoculation. By direct plating of the secretions on blood agar, 6 more cases were found to contain this organism. Of these 43 positive cases, 2 contained pneumococci belonging to Group I.; 2 to Group II.; 4 to Group III., and 35 to Group IV. The two patients harboring Group II. pneumococci and one with the pneumococcus mucosus of Group III. had been in contact with pneumonia cases. Two case belonging to Group I. exhibited evidence of prostration and had a temperature of 102°. Direct plating of the secretions obtained from these patients demonstrated that Group I. pneumococcus constituted at least 75 per cent. of the organisms present. As a result of these observations the author concludes that common cold due to Groups I. and III. pneumococci must be looked upon as a possible source of contagion for others, or as sources of possible autogenic cases of pneumonia. All of which is a further plea in favor of treating a cold not only as a menace to the possessor, but also, and what is most important to the community at large as a potential source of danger to others.

Effectual Prayer.—In the course of the influenza epidemic the newspapers and the public authorities, from the President down, were besieged with letters from devout persons urging upon them the necessity of proclaiming a definite time for all believers to pray that the powers above might intercede and stop the ravages of the disease.

"The effectual fervent prayer of the righteous availeth much," saith Saint James in his Epistle. We like the Apostle's use of the word effectual. He must have had in mind the foundations of effectual prayer, such as cleanliness and a few other little things.

If the Lord granted our prayers irrespective of the facts that we condone the saliva tanks in which soda water glasses are "washed," and ride in the subway, and crowd together in foolish assemblages, and live in tenements that are a disgrace to a supposedly civilized democracy, what reason would there be for hygiene and sanitation? All we should have to do in the face of an epidemic of infantile paralysis or influenza would be to petition the Almighty. Somehow or other we are convinced that the Lord would regard such prayers as blasphemy. We are strong for prayer, after the rat and the flea and the mosquito and filthy cellars and badly ventilated living quarters have been disposed of—effectual prayer, as Saint James hath it.—The Medical Times.

The Physician and the Problems of Reconstruction.

As the close of the war draws near, the problems of reconstruction come more and more to arrest the attention of thoughtful citizens both at home and abroad. We have heard much in recent years of the physician in politics. Are we as a profession measuring up to the requirements of the situation or are we lagging behind our colleagues across the sea?

It is not ours to decide in full the future role of our profession. We need only to glance at Russia for the confirmation of this statement. In that troublous land of red revolution, the soviet government has definitely assigned the physician to a place with the bourgeoisie. In spite of his twenty-four hour day and his Sundayless week, the physician is to have no part in the dictatorship of the proletariat. In the purview of Lenine and Trotzky he is not a worker at all.

We scarcely anticipate anything like this in American politics, yet strange ferments are at work in our sociological brew. Just now, to read the Congressional Record, it would appear that we are menaced by the repudiation of the intelligensia. Certain members of Congress, during the recent discussion of a reserve for the Public Health Service, gave voice to a fear that medical men may achieve undue political influence. And one member—Mr. Sisson—saw fit to ignore the wise counsel of Burke, and to impeach the honor of a whole profession. It may be well, in these trying hours of war, when medical men are doing their best, to pause one moment to get the lawyer-politician's view:

I will say that some years ago in my State, when I was a member of the legislature, we

had an appropriation for one of these funds for the purpose of taking care of the yellow fever epidemic if it should arise. Unfortunately, as long as that appropriation was in existence we had an annual yellow fever scare. As soon as that appropriation was withdrawn and no $50,000 or $75,000 was placed at the disposal of the health authorities, we had no more yellow fever epidemics except where they were real and genuine.

That experience has led me to believe that if you turn our good physicians—and we all have great respect for them—if you turn them loose, frequently they will find reasons sufficient, in their own mind, for calling into existence appropriations; whereas, if there was a limit placed upon it, a limit placed on the number of men that might be appointed, their activities would be very much lessened.

If our profession were placed wholly under government control, with salaries payable from the public funds, we should yet fall short of congressional puissance, where a pull on your own bootstrap is all that is required to raise your salary.

Seriously, and to revert to the London letter, it is time to "get busy." I do not have reference to any movement for self-aggrandizement. We must do our part for the general welfare. Much of the "wisdom" of our teeming legislative halls is Poll-parrotism covered with cobwebs. The medical profession possesses a splendid reserve of trained intelligence which can be mobilized for service in legislative and executive positions. The modern education of the physician will prove, in the period of reconstruction, the most valuable asset of the state. It is not bookish exclusively. It commands a view of the fundamental sciences first-hand. The lawyer-politician, deficient as a rule in these vital elements of modern statesmanship, will take his place to the rear.

Finally, the physician's voice will be the voice of the larger humanity. He has never been a man of dollars. His heart beats the rhythm of that of the good Samaritan. He does not patent his inventions for human welfare and seek wealth from their exploitation. He has always carried his load of "charity practice"—a burden that properly belongs on the shoulders of the state. There is no man extant more competent to deal with rampant individualism; for his whole training and life work is a lesson of self-denial and sacrifice. In the clear dawn of the new political day we shall perceive the outlines of the coming service-state, and shall behold the physician, pill-bags and scalpels for the moment aside, in the front ranks of the "forward looking" men of the time, doing service with the master-builders.—William Y. Ward, M. D., Ivanhoe, Texas.

Science and Human Vivisection.

From the A. M. A. Jour., Aug. 10.

In Boston there is published an anti-vivisection journal by the freak name of Living Tissue. In its July number we find an editorial on the louse and trench fever. Referring to the experiments on human beings, the editor says: "This unanimity of survival (of the men experimented on) does not diminish the heroism with which they faced the doctors' syringes and unknown horrors.....There can be no disposition anywhere to detract from the heroism and sacrifice of these young men." Not a word of reprobation of human vivisection, either of the experiments on them or on those earlier heroes who were the means of discovering the relation of the mosquito to yellow fever. "Silence gives consent." But the editor, being a lawyer, knows all about yellow fever. He says, "It is entirely probable and reasonable that yellow fever would have been eradicated by sanitation in the Panama Canal Zone without the elimination of the mosquito." And this is the stuff with which he feeds his readers.

Social Insurance Scheme False.

Frederick L. Hoffman, Ph. D., Newark, in an address at the conference held by the Association of Life Insurance Presidents, said that the war had revealed the German scheme of social insurance to be a colossal failure. The address indicated a belief that Germany had deliberately promoted the extension of the plan to other countries for the purpose of equalizing in international trade the disadvantages she had ultimately suffered as a result of the system. He asserted that all compulsory social insurance rests upon "a profound misconception of life and labor in a democracy," because "it involves the establishment of a permanent class distinction." In Germany, he declared, it was "never more than a carefully designed but most insidious form of poor relief or supplementary grants in aid, required to amplify insufficient incomes or affect unwholesome or otherwise detrimental environment conditions. The system was a failure, even in the direction in which it had been expected it would be most successful," said Dr. Hoffman. "The amounts paid out in the form of relief were, broadly speaking, inadequate or insufficient; the medical attendance was far from any high degree of intrinsic medical skill, and the low average earnings of most of the members of the medical profession in Germany were out of all proportion to their social and professional status. They deliberately exchanged a condition of relative freedom for absolute bondage. The so-called penal system resulted in the entrenchment of mediocrity in medical service by discouraging the fullest exercise of unusual skill."

Dr. Hoffman declared that "a truly lamentable" result of the system in Germany was the exaggeration of minor illness, involving enormous and unnecessary disbursements, followed by serious interference with international competition. No wonder, said Dr. Hoffman, that, with a full understanding of the fragile fabric erected with such consummate skill in false pretense and elaborate deception, the late Imperial German Government should have initiated and supported with an abundance of means a subtle propaganda for the organization of corresponding institutions or methods in all industrial countries with which her people were in constant and often strenuous intternational competition. Commissions sent by the people of other countries to investigate the system at considerable expense, generally returned only with so-called "evidence" easily secured from official sources, frequently with the skilful aid of German "experts" in the employ of the Imperial Government.

Therapeutic Notes.

Bedsores.

Suitable hygenic measures should be applied. Red patches should be painted with phenolated oil, more advanced lesions should be dried, and then dusted with

Cinchonae, 100 grams.
Bismuthi subgallatis, 10 grams.
Benzoini, 5 grams.

Misce at fac pulverem.—Paris Medical.

(This prescription has been going the rounds of the medical press. I reprint it here in order to say that it does not meet with my approval. The benzoin is apt to become lumpy and irritating. Nor do I see any special virtues in powered cinchona.—W. J. Robinson.)

Chilblains.

Locally apply:

Ioline, 4.0.
Ether, 30.0.
Collodion flex, 100.0.

A simple protective dressing with boric acid or the following ointment will be found beneficial:

Phenol, 1.0.
Tr. iodine } aa 2.0.
Tannic acid }
Simple ointment, 4.0.

Internally, give calcium chloride or lactate, in doses of seven and a half grains three times daily in chloroform water. Do not give longer than four or five days. There is lack of calcium salts in the tissues of those predisposed to chilblain, and here the administration of these salts seems to act favorably.

—Dr. Russell, J. Smith, N. Y. M. J., 1, 5, '18.

Treatment of Piles.

From an article by Dr. S. L. Katzoff, Bridgeport, Conn., in the N. Y. Medical Journal.

Applications of collodion to external hemorrhoids will support the pile and stimulate its contraction. It may be dropped on a few fibres of cotton wool, which are spread over the pile each morning after defecation. Gradually increased dilatation of the rectum will sometimes bring about the desired result, and will be helpful in almost every case.

The injection methods consist in shaving the hair around the anus, cleasing the parts thoroughly; then, after having the pile in firm position, injecting with a hypodermic syringe, one or two drops of a mixture of carbolic acid, one part, and glycerin, two parts, in each pile, beginning with the smaller ones. I have personally employed the following formula at least 200 times:

Carbolic acid. } aa ʒiss.
Salicylic acid, }
Sodium biborate, ʒj.
Glycerin (sterilized), sufficient to make ℥j.

One or two drops of this mixture in each pile, will suffice to begin favorable results.

After the injection almost any usual ointment such as tannic acid ointment, belladonna ointment, stramonium ointment, and the like, may be smeared around the parts, and the usual reduction wthin the sphincter, retention, and dressing may follow.

A few other simple methods employed are: 1. Make a thin paste of raw linseed oil and pure white lead that shall be as thin as cream in consistency; anoint the parts, when protruding, twice daily. 2. Equal parts by weight of tannin and glycerin. Anoint once, and in severe cases twice daily. 3. The simple remedy, common table salt, is one that is unsurpassed for bleeding piles. 4. Heat a tablespoonful of lard to the consistency of ordinary cream, and to this add about half a teaspoonful of calomel; mix thoroughly and apply twice daily.

Freckles.

The freckled areas should be washed, morning and evening, with about a teaspoonful of the following solution:

Hydrargiri chloridi corrosivi, 1 gram.
Zinci sulphatis
Plumbi acetatis, aa 2 grams.
Alcoholis, 50 grams.
Aquae destillatae, 300 grams.
M. fiat solutio.

An ointment containing zinc oxide should be kept in contact with the parts overnight.

Aloes as a Local Sedative.—Friar's balsam, which contains aloes, is used as a sedative for bites, wounds and skin irritations, and is a good preparation for the purpose. F. W. Cock, M. D. (Lancet, London, Sept. 7, 1918), says a more pleasant form in which to use aloes for external sedative purposes is a saturated solution of aloes in tincture of tolu. It should be kept in a well stoppered bottle and shaken before using. For bites it should be applied once or twice before any scratching is done. It gives complete relief from the intense itching of harvest bug bites. Cock also recommends tincture of tolu for use in the croup kettle in bronchitis instead of compound tincture of benzoin, as being just as effective and more pleasant than the friar's balsam, in which latter the disagreeable odor of the aloes persists after the aromatic portion has violatilized.

Anal Fissure.—Dr. Helen G. Leyton, in the British Med. Jour., reports on a typical case which did not yield to operative treatment. She packed the fissure with quinine hydrochloride, five grains, after swabbing with cocaine solution. This treatment was repeated on each of three days. In twenty-four hours the surface showed well marked granulations and the symptoms were considerably relieved. After the third day the part of the fissure within reach was looking healthy, but the patient complained of pain higher up. Dr. Leyton prescribed a suppository of cocaine gr. 1-4 which was followed in a quarter of an hour by a suppository of quinine sulphate gr. 5. After being used on four days the fissure was healed, all pain and symptoms had disappeared. There was no recurrence.

Burns—Treatment of.—In burns with destruction of tissue, Dr. R. W. Knox, in the Texas State Med. Jour., objects to all the well known methods of treatment, such as the application of powders, ointments, or closed paraffin dressings. The discharging surfaces must be protected and at the same time provisions made for taking care of the discharge without

the same becoming adherent to the protected covering. If this can be effectively carried out, nature's own forces will cause rapid healing. To burns of the second and third degree the writer applies gauze pads which are kept constantly moist with warm normal salt solution. This prevents sticking of the dressing to the wound and when removed at stated intervals takes care of the accumulated pus. This solution is not only free from pain when applied to raw surfaces, but is wonderfully soothing and effective, due to its isotonic properties. The writer has used hypochlorite soda in the same way in some cases of badly infected burns with good results.

Coughs, Colds and Influenza.—Dr. Beverley Robinson calls attention to a remedy that he had used for coughs, colds, and influenza for many years, and which he had found more effective than any other remedy. This was salicylate of ammonium. He might add that this was particularly effective in preventing influenza. The dose depended on the age and condition of the patient, from five to ten grains in solution with a little pepsin where the patient was really ill and could remain at home.

Elimination of Chlorids in Pneumonia.—Dr. Guiao devotes twenty pages to discussion of the literature on the retention of chlorids in pneumonia and the findings in ten cases personally investigated. He determined repeatedly the proportion of chlorids in the urine and the sputum, with control reaching on some tuberculous and healthy controls. The chlorid content was higher in the sputum than in the urine during the febrile period, but after defervescence the reverse was observed. The difference between the total elimination of chlorids before and after defervescence is minimal. In the tuberculous, the chlorid content of sputum and urine kept approximately the same.

Punctured Wounds of Feet. — These cases, especially those due to stepping on rusty nails, is a potential cause of tetanus. Every such wound should be treated by immediate free incision, permitting hemorrhage, then swabbed with phenol, followed by alcohol. A compress dressing should be applied which will allow access of oxygen, keep the wound open for a time and protect against further contamination. The adjacent skin should be iodined. 1500 units of tetanus antitoxin should be administered hypodermically at once. Remember that tetanus bacilli are anaerobic, spore-bearing, and most apt to occur in material contaminated with horse manure, hence especially in street dust, and that the toxin travels along the peri-neural lymph channels from wound to central nervous system.

Liquor thymolis, used in the Polyclinic Hospital, Philadelphia, as a substitute for liquor antisepticus, is prepared as follows: Benzoic acid, 64 grains; boric acid, 128 grains; thymol and menthol, each 16 grains; oil of eucalyptus, oil of wintergreen, and oil monarda, each 4 drops; alcohol and glycerin, each 4 ounces; water, sufficient for 16 ounces.

Dietetic Treatment of Liver Diseases.

Dr. Eustice, in the New Orleans Med. and Surg. Journal, states that the diet in hepatic diseases should consist essentially of an abundance of carbohydrates, and while a transient glycosuria may be produced, this soon disappears as the liver cell regenerate. The diet must be selected according to the gastric function of the patient, and, if vomiting exists, glucose by drip proctoclysis or hypodermoclysis must be resorted to. Where there is little disturbance of gastric function the following diet list should be selected from, and the patient maintained on this diet as long as there is an intestinal toxemia:

May Take: Soups: All clear soups, vegetable broths, puree of corn, beans, peas, asparagus, spinach, celerey, onions, potatoes, and tomatoes.

Farinaceous: Oatmeal, rice, sago, hominy grits, cracked wheat, whole wheat bread or biscuits, corn, rye and graham bread, rolls, dry and buttered toast, crackers, muffins, waffles, batter cakes, wafers, grape nuts, macaroni, noodles, and spaghetti.

Vegetables: Potatoes (sweet and Irish), green peas, string-beans, beets, carrots, celery, spinach, artichokes, alligator pears, eggplants,, lettuce and onions. All vegetables except cabbage, cauliflower and turnips.

Desserts: Rice and sago with a little cream and sugar, figs, raisins, nuts, and syrup, stewed fruit, preserves, jellies, jams, marmalades, and gelatin; prunes, apples, and pears, either raw or cooked.

Drinks: Tea and coffee (with cream, but not milk), grape juice, orangeade, lemonade, limeade and Vichy, cocoa. An abundance of pure water, cold or hot.

Must not take: Eggs, fish, meat, game or poultry.

Veal, pork, goose, duck; salted, dry, potted or preserved fish or meat (except crisp bacon); oysters, crabs, salmon, lobster, shrimp, mackerel, eggs, turtle and ox-tail soup, gumbo, patties, mushrooms, mince pie, cabbage, cauliflower, turnips, and cheese; alcohol.

Negative tests for urobilinogen and indican extending over a week indicate that either eggs, fish, or easily digestible meats may be taken in moderation, in the practice of Eustis this being limited to not oftener than once a day. It will be found that buttermilk to which lactose has been added is the best animal protein on which to start, but he strongly urges a constant control of the diet by frequent examinations of the urine.

The Interstate Medical Journal says:

Coffee is often blamed for sins for which it is not directly responsible. The citizen who, having consumed a fairly heavy dinner, adds to it a salad of fearful and wonderful composition containing such strange associates as pineapple, oil, Roquefort cheese, and lettuce, a mixture calculated to make the body of Brillat-Savarin turn in its grave, as it certainly would have made his stomach turn during his life, then swamps it with a large cup of coffee, when the natural consequences presently ensue he will, with a sigh, remark that he must cut down on coffee because it doesn't agree with him. More often it is the fastidious and esthetic coffee which sulks at finding itself in such barbarous company.

Symptomatic Treatment.—This form of therapy—often disdainfully characterized as "merely symptomatic"—represents, in my view, the very acme of the medical art.—B. Fantus, M.D.

Hospitals and Sanatoria

The Babies' Hospital, Newark, received $400 as the results of a concert given last month for the hospital's benefit.

About $2,500 was netted at the annual bazaar held in Newark last month by the Guild of St. Barnabas Hospital for the benetfit of that institution.

The Essex County Hospital at Overbrook recently received $1,425 as the result of the annual fair, held last month for the hospital's benefit.

The Dover General Hospital received $1,100 during donation week last month, besides a large amount of provisions.

St. Elizabeth Hospital, Elizabeth, has been bequeathed by Miss Elizabeth Johnson of Atlanta, Ga., $500 for the medical ward.

Overlook Hospital, Summit, has through its president asked the Common Council to give $5,000 for the care of indigent persons that are sent to the hospital for treatment. It was stated that the hospital cared for 998 patients in 1917, and out of that number 518 were in wards, of whom 256 were cared for at a loss and 262 paid nothing. This treatment of the indigent was equivalent to 4,000 days of absolutely free service "at a probable cost to the hospital of more than $11,000,"

The Union County Board of Freeholders voted to appropriate $60,000 to hospitals in the county for the care of the indigent sick. This was an increase of $15,000 over past years.

The new $10,000 power plant at Muhlenberg Hospital, Plainfield, acquired through a gift from James W. DeGraff of this city, is now in full operation. It furnishes light, heat and power for the hospital. It is estimated it will save at least $3,000 a year.

Linn Memorial Hospital, Sussex.

The directors of the Linn Memorial Hospital Association have voted to take over a residence in Walnut street as a hospital building. The furnishing of rooms in the hospital already has begun and one resident has given $250 for that purpose.

Memorial Hospital, Morristown.

This hospital will receive by the will of John H. Bonsall $5,000, to endow a bed in memory of his son.

Hospital for Foreign Sailors. — Word has been received from Washington that the hospital at the immigration station at Gloucester, which was opened during the epidemic period to sailors stricken with the influenza, will be continued as a hospital for foreign sailors.

Debarkation Hospital, New York City.

Debarkation Hospital No. 3, located at 18th street and Sixth avenue, New York, with accommodation of 4,000 beds and a large staff of medical officers, has established a reading room for its medical and surgical staff. Major Monyhan is commanding officer.

Government to Build Hospitals. — Assistant Surgeon-General Stimson asked Congress for funds to build a string of fourteen hospitals costing $26,000,000, to care for disabled soldiers.

State Hospital, Morris Plains, Lifts Quarantine.

All cases of influenza having been cleared up at the State Hospital at Morris Plains, Dr. Britton D. Evans, medical superintendent of the institution, reported to Commissioner Lewis of the Department of Charities and Corrections that he would lift on Dcember 17 the quarantine restrictions on the hospital, and visitors thereafter would be admitted to the institution.

During the epidemic seventy-four patients and four employees died of the disease. Since the beginning of the outbreak there were 305 cases of the disease, including 255 patients and fifty employees and members of the latter's families. Vaccine treatments were administered to the number of 4,508. Speaking of the effect of these treatments, Dr. Evans in his report said:

"As far as we have been able to ascertain, the results from vaccine treatment have been decidedly beneficial. In general, the cases that have come down since inoculation seem to be less severe than those before inoculation, and the number has been markedly reduced since the inoculation was inaugurated."

Eleven patients out of a total of 1,652 who were given the vaccine treatment contracted the disease after inoculation, and a total number of five deaths occurred in cases inoculated before the disease was contracted.

Hospital Reconstruction Division.

Already the Restoration Division of the Surgeon-General's office has returned to active duty abroad more than 200 men sent back from the American Expeditionary Force as hopeless cases. It has restored to limited military service many hundreds of men supposed to be of no more military value when they were ordered back from France or England. They have formed them into battalions singled out for special duties for which they have been developed in their hospital restoration. Thousands more are under treatment and training for further usefulness in the war and in civilian employments when the war is over. The base hospital medical officers are laying the foundation in every instance for the future rehabilitation of the wounded, the sick, and those suffering from nervous disturbance. In this way they are preparing the patients who cannot be restored to active duty for the care to come later by the War Risk Insurance Bureau and the Federal Board, which take up the training to make it continuous after the Reconstruction Division determines that the time has come when it is safe to turn them over to the former for ultimate care or to the latter to continue the vocational training for their eco-

nomic support. The fact that the Army Surgeon General has taken the lead of the belligerent as well as of friendly armies in this work of reconstruction is seen in its application to our service, and it now seems that theirs is one of the best systems when judged by the results thus far obtained. The results show that more than eighty per cent. of those passing into the base hospitals sooner or later filter back into service either as full service or limited service men, and of the others ten to fifteen per cent. are discharged to the Federal Board for vocational training, leaving only five per cent. ending fatally.

Hospital Reorganization.

The mobilization of civil hospitals in the interests of national welfare would probably lead to many forms of reorganization for the promotion of efficiency, but the results might work to the disadvantage of organizations that have been perfected through many years of labor and enthusiastic co-operation by physicians and laymen. It is of the utmost importance, therefore, for hospitals themselves to endeavor to weigh their own difficulties and bring about the needed readjustments. In preparing to meet the exigencies which have already arisen through the volunteering of a large proportion of medical men for military and naval service, through the limitation of the term of service of internes and their prompt registration in the Medical Reserve Corps, and through the regulations attendant upon the pursuit of the study of medicine, many serious problems have arisen. Added to these are the difficulties incident to securing an adequate number of nurses in training to supply the demands of the military and civil population. To meet the difficulties through a national program various plans have been suggested and whatever their outcome may be, the fact remains that internal reorganization must be begun at once by the hospitals.—American Medicine.

Bonnie Burn Sanatorium.

Dr. John E. Runnells, superintendent, reports that on November 1st there were 178 patients present in the sanatorium, 98 males and 80 females. During the month 19 patients have been admitted, 13 males and 6 females. Among these is one readmission. The admissions are classified as follows: Pre-tubercular (preventorium), 3; incipient, 2; moderately advanced, 4; far advanced, 10.

The largest number of patients present at any time during the month was 182—smallest, 170. Patients present Nov. 30th, 173.

Glen Gardner Sanatorium for Army Use.—Plans for utilizing the sanatorium at Glen Gardner for the treatment of returning soldiers afflicted with tuberculosis were outlined by Dr. Samuel B. English, superintendent of the institution, in a special report to Commissioner Burdette G. Lewis of the Department of Charities and Corrections. Using the present sanatorium as a basis Dr. English believes it would be possible for the government to erect buildings within a short time to accommodate at least 300 additional patients, with but little overhead cost and but slight additions to the resident staff.

Continuing the report, Dr. English said: While it is in medical circles a much debated problem as to whether army life will awaken old dormant lesions or give opportunity for new infection, experience shows that many individuals who on acceptance were thought well are coming home with clinical disease and demanding treatment.

Dr. Swiney's Sanatorium.

Dr. Swiney has just made an addition of fourteen beds to his sanatorium in Bayonne. The sanatorium was crowded to its utmost capacity, and an addition of seven beds was made last spring, which temporarily relieved the congestion. Consequently, fourteen more beds have been added and are now in use. A complete X-ray equipment has also been added, which includes high frequency and electric treatment apparatus. Dr. Mary C. Mora, who has devoted years to this work, will be in charge, and is at the sanatorium daily. The equipment is now complete for diagnostic work.

Marriage.

EMBURY-STEIN.—At Basking Ridge, N. J., December 18, 1918, Dr. Philip Embury of Basking Ridge, to Miss Mary K. Stein of New York City.

Deaths.

BREDIN.—At East Orange, N. J., November 18, 1918, Dr. Stephen L. C. Bredin, aged 83 years.

BULL.—In France on November 15, 1918, Dr. William S. Bull of Cranbury, N. J., aged 32 years. He had been in M. R. C. service.

HERITAGE.—At Glassboro, N. J., November 20, 1918, Dr. John Down Heritage, aged 81 years. (See Gloucester County Obituary Notices elsewhere).

KIP.—At Paterson, N. J., December 23, 1918, Dr. Henry Kip, after a few days' illness, aged 66 years.

Dr. Kip graduated from the College of Physicians and Surgeons, N. Y. City, in 1877. He was a member of the Passaic County and the State Medical societies and a Fellow of the American Medical Association.

KYTE.—In Jersey City, N. J., November 8, 1918, Dr. Calvin Fuller Kyte, aged 68 years.

Dr. Kyte graduated from the New York University Medical College in 1881 and began practice in Jersey City. He was a member of the Hudson County and the State Medical societies, and a Fellow of the American Medical Association. He was the oldest member in point of service on the staff of Christ Hospital, Jersey City.

McHENRY.—At the University of Pennsylvania Hospital, December 17, 1918, Dr. Robert N. McHenry of Millville, N. J., aged 29 years.

Dr. McHenry graduated from the University of Penn. Medical School in 1912.

The Bridgeton News says:

He was but a youth of 29 years, had only been practicing his profession four years, dur-

ing which period he has created an enviable reputation in his particular work. Doctor McHenry was liked by everybody; by some because of his easy going manner and amiable disposition; by others because of his professional attention and by many because he could be relied upon to minister during any time of the day or night, no matter who or where the patient might be. He never possessed exceptional health, and his close attention to his practice weakened his entire system.

MACFARLAND. — In France, October 24, 1918, Dr. James MacFarland of Burlington, N. J., aged 31 years.

Dr. MacFarland graduated from the University of Pennsylvania Medical School in 1911. He was a member of the Burlington County and State Medical societies and a Fellow of the American Medical Association. He was a captain in the Medical Corps, U. S. Army.

REED.—At Atlantic City, N. J., December 15, 1918, Dr. Eugene L. Reed, aged 59 years.

Dr. Reed graduated from the Jefferson Medical College, Philadelphia, in 1884. He was a member of the Atlantic County and State Medical Societies and a Fellow of the American Medical Association.

RUBINOW.—In Paterson, N. J., November 21, 1918, Dr. Antonio Rubinow.

WILLIAMS.—In Chaumont, France, in August, 1918, Dr. John Edward Williams of Roselle Park, N. J., from paratyphoid fever, aged 26 years. He graduated from the College of Physicians and Surgeons, New York City, in 1913; was a lieutenant M. C., U. S. Army.

IN MEMORIAM.

Dr. August Adrian Strasser.

The following resolutions were unanimously adopted at a recent meeting of the staff of the West Hudson Hospital, of which Dr. Strasser was chief:

Whereas, In God's wisdom, we are called upon to mourn the departure from this life of our colleague, Dr. August A. Strasser, therefore be it

Resolved, That we, the staff of West Hudson Hospital, deeply deplore the loss which the institution sustains in the death of an associate whose unwearying activity and ready helpfulness served as a stimulus to all with whom he ever associated. Erudite in his professional attainments, zealous in the performance of duty, helpful and inspiring to his fellows, he embodied the elements of a well-rounded, useful career; and in his passage through the gate of life from nature to eternity death has claimed a shining mark.

Resolved, That a copy of this resolution be engrossed and forwarded to Mrs. Strasser with the assurance of our deep sympathy in her profound bereavement.

There are two good rules which ought to be written on every heart: Never believe anything bad about anybody unless you positively know it is true; never tell even that unless you feel that it is absolutely necessary and that God is listening while you tell t.—Henry Van Dyke.

Personal Notes.

Dr. Charles D. Bennett, Newark, was on December 6 appointed by President Harvey as a member of the Committee on Publication and was elected by the committee on December 10th as its chairman.

Dr. Irving E. Charlesworth, Bridgeton, has been promoted from captain to major and received his commission in October. He has been at a hospital in Honolulu and writes home that he has been very busy, but enjoys the work.

Drs. Philip Emburg, Basking Ridge, and Josiah Meigh, Bernardsville, medical school inspectors, have advised the employment of an optician to test the eyes of the many children who have defective vision.

Drs. B. V. D. Hedges, Plainfield, and Norton L. Wilson, Elizabeth, enjoyed the golf links at Lakewood during the State Sanitary Association meeting there last month.

Dr. Harry E. Lore, Cedarville, enjoyed a gunning trip in the South last month.

Dr. John M. Randolph, Rahway, was elected physician of Rahway Aerie of Eagles recently.

Dr. Theron Y. Sutphen, Newark, recently returned from Camp Taylor, Ky., where he spent two weeks with his son, Dr. E. Blair Sutphen, Morristown, captain in M. R. C., who has been ill with light form of typhoid fever.

Dr. Isadore Topkins, Califon, spent a week last month in Brooklyn and Boston.

Dr. Charles F. Abraham, East Orange, at a meeting of the Child Welfare and Child Labor exhibit in the East Orange High School, Dec. 12, emphasized the importance of pure milk and cleanliness.

Dr. Lewis H. Hummel, Salem, has resigned as a member of the local health board and was elected medical school inspector.

Dr. William S. Jones, Camden, has been elected superintendent of the State Soldiers' Home at Vineland at the salary of $3,000 per year.

Dr. William P. Thorne, Butler, has been honorably discharged as lieutenant M. R. C. from Fort Ogelthorpe, Ga.

Drs. William H. Albright, Alpha, and J. Mitchell Reese, Phillipsburg, have been drawn as members of the Warren County grand jury, December term.

Dr. Frederick W. Flagge, Rockaway, recently returned home from a two weeks' hunting trip.

Dr. Harry H. Bowles, Summit, lieutenant M. R. C., who was at Fort Oglethorpe, Ga., several months, has been honorably discharged and has resumed his position as head surgeon at Overlook Hospital.

Dr. Elton S. Corson, Bridgeton, has been honorably discharged from army service and has resumed his practice in Bridgeton.

Dr. Walter P. Glendon, Bridgeton, last month suffered from an attack of appendicitis at the Bridgeton Hospital.

Dr. Alexander E. Wrensch, Montclair, was recently elected physician of the Knights of the Macabees, Montclair.

Dr. James P. Schureman, New Brunswick, is enjoying a ten days' furlough at his home.

Dr. William A. Tansey, Newark, lieutenant in

the M. R. C., has returned home from the Walter A. Reed Hospital, Washington.

Dr. Edward J. Ill, Newark, read a paper entitled "Observations on Fibroid Tumors of the Uterus," at the annual meeting of the New York State Medical Society. It is published in the State Society's Journal, October issue.

Dr. William F .Costello, Dover, who has been enjoying a leave of absence from M. R. C. service, returned to Camp Dix, to be mustered out of service.

Dr. Henry A. Henriques, Morristown, and wife are happy on the return of their son Herbert, who is convalescing from a wound received in the war abroad.

Dr. George L. Orton, Rahway, was recently elected physician of Lakewood Grove No. 16, Woodmen Circle.

Drs. Richard J. McDonald, William P Thorne and George C. Coates, Butler, were honorably discharged from M. R. C. service from Fort Oglethorpe last month, after request of citizens to the surgeon-general, as their services were needed at home.

Dr. John N. Miller, Newton, was drawn as a member if the Sussex County Grand Jury last month.

Dr. George A. Van Wagenen, Newark, and wife are spending the winter in Florida.

Dr. Frederick P. Wilbur, Franklin, was recently elected chairman of the Franklin Red Cross for the year 1919.

Dr. Albert N. Jacob, Sparta, has been mustered out of M. R. C. service and has resumed practice. The people of his section had been without a resident physician for months. He entered service as lieutenant and was promoted to captain.

Dr. Charles L. O'Neill, Newark, lieutenant M. R. C., has returned from Camp Greenleaf, Ga., and resumed practice.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Colorado, October ..	13	11	2
Connecticut, Nov. ...	12	9	3
Dist. Columbia, Oct..	7	6	1
Illinois, June	232	203	29
Massachusetts, Sept..	29	20	9
Minnesota, Oct.	7	7	0
No. Carolina, June..	52	49	3
No. Dakota, July....	3	2	1

Annual Congress on Medical Education and Licensure.

The fifteenth annual conference of the Council on Medical Education will be held at the LaSalle Hotel, Chicago, Monday, March 3, 1919. On the following day, March 4, the Federation of State Medical Boards of the United States and the Association of American Medical Colleges will hold their annual meetings. The discussions at this conference will be of problems arising from the world war, and will include the "Needs of Medical Education Revealed by the War" and such other topics as military training, hygiene, preventive medicine, condensed courses in premedical education, continuous sessions in medical schools, and other related topics. The discussions will be of interest from the standpoint of both colleges of arts and sciences and medical schools.

Peking Union Medical School, Peking, China.

This school was organized by a group of American and British missionary societies and began active teaching about 1906. It was supported by these societies until in 1915 the property was purchased for $200,000 by the Rockefeller Foundation. The control is now vested in the China Medical Board consisting of seven trustees appointed by the Rockefeller Foundation and six by the missionary societies formerly in full control. New buildings have been planned, several of which have already been completed, the curriculum has been revised, a new faculty has been selected, including ten all-time professors, and an ample endowment has been provided. The institution now offers a three-year premedical course entrance to which is the completion of the middle school. This premedical course includes instruction in physics, chemistry, biology, English, Chinese and German. The work of the three years are said to correspond with the last year of the best high schools in the United States and the first two years of the best American universities. The medical course will not begin until September, 1919. It will cover five years and will be followed by a sixth year to be spent by the student as an intern in a hospital.

Cost of Medical Education.—In commenting on the gift of $10,000,000 bequeathed to the Harvard Medical School, the College of Physicians and Surgeons of Columbia University and Johns Hopkins by the late Captain Joseph Raphael De Lamar, Dr. Samuel W. Lambert, Dean of the College of Physicians and Surgeons, tells what this gift means to the institution with which he is connected in carrying it nearer the goal it has set for medical education in New York. Regarding the financial status of our large universities, he says there is no danger of their having more funds than they need. Neither Columbia University nor any other which he knows is operated at a profit. The school of medicine is one of the most costly departments at Columbia University. It costs the University $3,000 to educate a man for the degree of M. D., yet of this sum the student pays only $1000. During the past five years the teaching staff of the medical school has contributed between $25,000 and $30,000 to the school for one purpose or another.

Twenty Medical Students Graduate in China.

The recent graduation exercises of the Mukden Medical College, sometimes known as Dr. Christie's College, bear witness to the fact that Manchuria, so long backward in the application of western education as compared with the other provinces of China, is getting into step. Twenty young men received the degree of bachelor of medicine and surgery before an audience of three hundred interested spectators. The allied consuls, customs and postal commissioners, chief medical officer and superintendent of the South Manchurian Railway hospital and medical college, also representatives of the Japanese consul, local heads of the government railways and electric light works, principals and professors of the arts college, and kindred educational institutions, while every department of the Chinese govern-

ment, both civil and military, was represented, together with delegates from the Chinese Chamber of Commerce and various guilds.

An inspection of the hospital and college laboratories preceded the exercises, and the guests were amazed to see the completeness of the apparatus for the use of the students. The study of experimental physiology has been advanced by the recent installation of a special set of instruments of the latest Edinburgh University pattern; power for ten revolving drums is supplied by a dynamo connected with the government power station, and enables twenty students to carry on independent experiments at one time. Much costly apparatus has been installed in the bacteriological laboratory also.

Through the cordial relations existing between the college of authorities and the government, all restrictions regarding dissection have been removed, which will, of course, be of special value to the pupils to come. A special feature of the installation of these instruments and apparatus, of which the staff are proud, is the fact that the whole of the work has been done by the resident Chinese mechanicians.

This year's class is the first graduating class of the college. They are all natives of Manchuria and Chihil or towns near the borders of Mongolia, and have been in attendance for five years. They are fully qualified to undertake independent medical and surgical work now, but the plan is to place them with some experienced doctor for a year's practical training before they begin independent practice. Many of them will be retained in the college and hospital as resident surgeons and physicians, or as demonstrators in the college. Others will act as residents in hospitals in other cities in Manchuria. One has already gone to France as a doctor, one is employed as an army doctor, and several are likely to find employment with the military authorities. One is going immediately into private practice.

Public Health Items.

The Newark Health Bulletin for November reported 1,977 deaths during October: 970 of influenza, 331 of lobar pneumonia and 158 of broncho-pneumonia; 67 of tuberculosis, 34 of cancer, 48 of Bright's disease, 69 of organic heart disease. Death rate of 16.2—same month 1917 it was 12.2.

Depots for Sale of Loose Milk.—Mayor Gillen of Newark planned to open depots for the sale of loose milk to the poor. Drs. Craster and Levy questioned the propriety and safety of it, but Dr. Richard N. Connolly, city bacteriologist, declared milk could be sold loose at stations without danger if the sales were properly supervised by health inspectors.

Morristown Board of Health.

The annual report for 1918 of the Board of Health showed: The board received from the town $6,500 for general expenses and $500 for contagious diseases, also a special fund for the smallpox cases and $421 from dog licenses. There was spent $4,007 or the four cases of varioloid, and a balance of $4.73 was turned back into the town treasury. There were 1,161 cases of contagious diseases against 198 cases for the preceding year. Of these 766 were cases of influenza and 130 were mumps and 129 measles. There were 387 deaths as against 260 for 1917. Of the total deaths 171 were of non-residents. The death rate, with the non-residents deducted, was 15.52 per thousand. Last year it was 11.82. The estimated population was 13,410. There were 374 births, of which 103 were of non-resident parentage. The birth rate was 27.88 per thousand, as against 24.24 for the preceding year.

Cantonments for Phthisis Cases.

Health Officer C. V. Craster, Newark, urged recently at a conference of the health authorities of Newark that upon the completion of demobilization, the cantonments should be turned into sanatoriums or preventoriums for the care of persons having incipient tuberculosis, and suggested that the attention of the government be called to the matter by the State Department of Health.

The St. Paul Dispatch summarizes the report of the Minnesota State Board of Health on tuberculosis and cancer as follows: "While the number of deaths increased from 1,864 in 1900 to 2,354 in 1917, the population increased during the same time from 1,751,394 to 2,312,445, and the tuberculosis death rate for each 100,000 decreased during the same period from 106 in 1900 to 101 in 1917, a gain of 5 in the number of lives saved annually. On the other hand, the number of deaths from cancer increased from 662 in 1900 to 1,903 in 1917, an increase from 37 to 82 per 100,000 of population. In 1916 the ratio of deaths from cancer to population was even higher than in 1917, being 83 for each 100,000 of population."

Obligation of Physician to Report Births.—The State protects the physician in his practice, and on ethical ground has a right to expect him to comply with the laws affecting his practice, and on legal grounds to demand the registrations of births as a matter of public welfare. Court decisions have held this many times.—W. J. V. Deacon, M. D., State Registrar, Kansas.

Every physician should report every death, because the State requires it rightfully to protect the child's rights and the public good—we do not say because "the State protects the physician." Does it when it requires physicians to pass a rigid examination—very properly, and then allows quacks and druggists to prescribe who are not qualified?—Editor.

Preventive Medicine and the Care of the Sick.

Preventive medicine is peculiarly suited to government control while the care of the sick is utterly unsuited to it. The treatment of a sick person is a very personal matter and does not lend itself to wholesale impersonal methods. If you wholesalize the practice of medicine you will alienate from it a large proportion of the big whole-souled men who have made medicine what it is to-day.—Dr. Edward H. Ochser.

Health and Economic Loss.—I cannot estimate the economic losses that occur daily or yearly because of inefficient health and unsuccessfully treated disease. Great economists have tried but their estimates can never even

approximate the real loss. There are other losses in intellectual output; losses in public service; losses in ideal, commercial, professional, educational and religious progress; and greatest of all, losses in human happiness—which follow this world-wide careless waste of human health and human life.—T. A. Storey, M. D., Ph. D., on Physical Training.

Epidemic Diseases in City and County.—It is true that epidemics of diseases spread with greater rapidity in the cities owing to the fact that the infected person is liable to come in contact with a large number of persons in a short time. But sources of infection are more promptly located, the hospital for contagious diseases is made use of without delay, and the common agencies for the prevention of disease in our cities are not so readily available in the sparsely populated parts of the state. By this I refer to the efficeint health organization of the city with its corps of inspectors, laboratory workers, epidemiologists, etc. Added to this is the efficient nursing organization ever ready to lend timely aid.—Dr. B. U. Richards, Bulletin R. I. State Board of Health.

Restriction of Travel by Persons Having Social Disease.

Persons having social diseases must obtain a permit in writing before they will be permitted to engage in interstate travel under an amendment to the interstate quarantine regulations, announced recently by Surgeon-General Rupert Blue of the Public Health Service. The permit must be issued by the local health officer under whose jurisdiction the persons reside, and it must state that such travel is not dangerous to the public health.

The Influenza Pandemic.—According to the estimates of the United States Public Health Service there have been, since September 15, 350,000 deaths from epidemic influenza and pneumonia among the civilian population of the United States. The records of the War Department show about 20,000 deaths from these causes in the army camps throughout the country. A comparison of the statistics of a number of the large Eastern cities shows that the death rate from influenza was less in New York than in any of the others, the rate being 27 per 1,000 population. The rate in Philadelphia was 54 per 1,000; Baltimore, 47 per 1,000; Boston, 41 per 1,000; Buffalo, 34, and Newark, 32 per 1,000. While the epidemic stage of the disease has long been passed, the number of cases belonging to the "grippe" group continues higher than the average of other years.

Influenza Reaches Alaska.—Influenza is reported to be taking a heavy toll of lives in Seward Peninsula and to be spreading still further north toward the Arctic. Of 250 Esquimaux in the vicinity of Nome only 75 are said to be left and others are dying. At Fort Davis seventy-five out of eighty-five soldiers have had the disease.

Increased Importance of Venereal Prophylaxis.—The end of actual fighting in the world war does not lessen the necessity for the campaign against veneareal diseases. Rather, it becomes a greater emergency measure than ever. Cessation of hostilities centers attention on the return of the victorious American forces. On entering the service the men became subject to Army and Navy discipline, which, in the control of venereal diseases within the ranks, is rigid. Prior to demobilization the intense fighting morale of the forces is bound to relax. The men will be buoyant in spirit and eager to celebrate. When mustered out they will return to conditions in civilian life which have been responsible for venereal disease. Many of them will contract it as a result. Unless all cases of venereal disease have proper treatment during the period of reconstruction, the scourge will reach alarming proportions. The time from now on is the most critical of all.—Public Health Reports.

Protection Against Venereal Disease.

Extract from letter to Civil Authorities from Secretary McAdoo, in behalf of the U. S. Public Health Service, Nov., 1918:

"Under the protection of the military authorities four million soldiers and sailors received greater protection against venereal diseases than they received before the war in civil life. The cities and towns through which they go and to which they will return upon demobilization must be made safe. The fight . . . . must be vigorously continued."

Extract from Telegram to Governors from Secretary of War Baker, Nov., 1918:

"Signing of armistice in no way lessens responsibility of civil communities for protection of soldiers from prostitution and sale of liquor. Our states and cities ought never to lose the control which has been established or stop so vital a work . . . . War Department is determined to return soldiers to their families and to civil life uncontaminated by disease."

Extract from Statement by Secretary of the Navy Daniels, Nov., 1918:

"One of the compensations for the tragedy of war is the fact that an enlightened opinion is behind the organized campaign to protect the youth against venereal disease. The campaign begun in war to insure the military fitness of men for fighting is quite as necessary to save men for civil efficiency."

Pefore the war most physicians and public health officers knew that gonorrhea was every year causing thousands of cases of blindness among infants, countless surgical operations on women, and sterility in both men and women; that syphilis was being transmitted to offspring causing physical and mental defectives, that it was a prolific cause of locomotor ataxia, paralysis, paresis or softening of the brain, insanity, miscarriages, diseases of the heart, blood vessels and vital organs. But people generally did not know these things and few remedial measures were taken. The war opened our eyes. The reports of draft boards and camp surgeons revealed, for the first time, clearly, the menacing seriousness of the venereal problem and the failure of our pre-war attitude toward the whole question.—U. S. Public Health Service.

Health Officer Craster and Director H. J. F. Wallhauser of the Bureau of Venereal Diseases of Newark Health Department, are urging that a ward of the City Hospital be set apart for the care of venereal cases.

An Old Enemy of Public Health.—An editorial in the N. Y. Medical Journal in closing, says:

The anti-alcohol movement has been and is more than ever a movement for public health, physical and psychical; these, of course, always go together. Though it has become so commonplace and lacks the spectacularity of efforts along other lines of sanitation, it none the less needs and deserves the vigorous support of the medical profession. We make much of the suffering and economic waste from tuberculosis and typhoid, and we take pains to check the use of morphine and cocaine, but the abuse—and we might as well say the use—of alcohol is still a greater source of sickness, crime, and poverty, of a diseased body politic, than any of the above causes. We take infinite pains to round up and segregate the typhoid carrier, but we leave wide open at all hours the door of the public drinking house. It is difficult to obtain an opium dream, but delirium tremens can be had without the least difficulty whatever. It is always the unusual phenomenon that stirs both the private and public imagination, and if alcohol were a less familiar cause of disease and death it would have been long since abolished amidst a general burst of enthusiasm over the "triumph of modern science."

National Efficiency Increased by Liquor Control

The gain in national efficiency is so great as a result of the war-time liquor restrictions that it is certain Great Britain never will return to pre-war conditions in this regard, according to a statement made to the Associated Press recently by Baron D'Abernon, chairman of the Central Board of Control, which has to deal with the drink problem. The regulations limiting the hourse of sale, providing for the dilution of spirits and beer, and forbidding treating, have resulted in remarkable decreases in drunkenness and the diseases incidental to drinking," said Baron D'Abernon. "The level of drunkenness today is about half that of a year ago, when it was one-third that of the pre-war time. There has been a general decrease of about eighty-three per cent. in drinking among both men and women. The progress of improvement has been so rapid and continuous that the government is fully satisfied, and no further restrictions are contemplated. The reduction in intemperance has been larger in this country during the period since the restrictions went into effect than is shown anywhere else in the world. The policy has been not to attack the liquor trade, but the inefficiency caused by alcoholic excesses."

Medico-Legal Items.

Privileged Communications.—The Idaho Supreme Court holds that where a physician is employed to take an x-ray picture of a fractured arm, and helps to interpret the fracture, and advises with the patient's regular physician as to the treatment, such physician should not be allowed to testify as to facts learned by him during such employment, if the patient claims the privilege granted by the State statute.—Shaw v. City of Nampa, (Idaho), 171 Pac. 1132.

Practising Medicine Without License.—The Minnesota Supreme Court holds that the act of a person who styles himself a doctor in receiving a patient who has applied to him for medical attention and examining him and diagnosing his ailment or disease and recommending an operation as treatment therefor, is practising medicine within the meaning of the Minnesota statute prohibiting the practice thereof without a license, though he prescribes no drug and administers no specific treatment to the patient.—State v. Rolph (Minn.), 167 N. W. 553.

Sites for Sanatoria in Residential Districts.—The New York Supreme Court, Special Term, New York County, holds that where the refusal of the board of health of a city to approve as a site for a sanatorium property in a residential neighborhood is based on its effect on values of adjoining real estate, mandamus to compel approval will be granted. The court holds that Greater New York Charter, section 1,172, providing that boards of health, whose jurisdiction is confined to matters of public health, may embrace in the Sanitary Code all matters to which the authority of the board extends, "not limiting their application to the subject of health only," limits the jurisdiction to matters dealing directly or indirectly with the public health and life.—People ex rel. Sprenger v. Department of Health, 172 N. Y. Supp. 38.

Unsuccessful Operation—Tort or Contract.—A complaint alleged that the defendant physician was employed by the plantiff "to cure him of bladder trouble," that the defendant advised an operation, that the operation was performed, but left the plaintiff in a worse condition that the plaintiff had suffered and still suffered great pain and had become weakened in body and his physical health and constitution had been greatly impaired, and that by reason thereof the plaintiff had suffered damages in the sum of $10,000. It is held that the complaint did not state a cause of action for breach of contract to effect a cure, but an action sounding in tort for damages for the defendant's act or negligence, governed by the California statute requiring such action to be brought within one year.—Marty v. Somers (Cal.), 199 Pac. 411.

Prescriptions of Intoxicants.—In a prosecution of a physician for prescribing liquor without good reason to believe the patient to be actually sick or that liquor was required for medicine, the evidence of five other prescriptions each for one quart of whiskey given to such patient at the same time was held competent by the Washington Supreme Court on the question of the physician's good faith; the prescriptions obviously calling for more liquor than the patient needed if taken as directed. They were not incompetent as proof of independent crimes; the gravamen of the offence being the faith in which the prescription was given, and not the act of prescribing. Such evidence was held sufficient to sustain conviction.—State v. Raub, 173 Pac. 1094.

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LABORATORY FINDINGS; THEIR PROPER INTERPRETATION.

(Continued.)

By Otto Lowy, M. D.,
Newark, N. J.

Director of the Serological Laboratory, Newark.

URINE ANALYSIS.

Urine analysis should be divided in to three classes: First, routine examinations; second, quantitative analysis; third, special reactions.

Routine examinations should be made on the urine of every new case which presents itself for treatment to the physician, regardless of symptoms.

In our laboratory the routine examination consists of the following:

Volume in 24 hours, specific gravity, color, appearance, reaction, albumen, sugar, acetone, diacetic acid, indican, bile, microscopic examination of sediment.

Quantitative analysis should and can only be made on 24-hour specimens of urine. Under this heading should be included:

Chlorides, urea, uric acid, phosphates, ammonia, total nitrogen.

In the case of urea and uric acid an attempt should be made to know the amount of proteins which were ingested in order to gauge the balance between "in take' and "out put."

Special Reactions: Diazo for typhoid, creatin, creatinine.

Routine Examinations: Volume of urine normally consists of about one liter in 24 hours, but varies considerably, being decreased by heat and increased by cold, depending upon the activity of the skin and the amount of fluids ingested.

Pathologically Increased in: Chronic nephritis, diabetes mellitus, diabetes insipidus.

Pathologically Decreased in: Acute nephritis, cardiac disease, chronic nephritis associated with cardiac diseases, diarrheas of all kinds, acute infectious diseases.

Color: The color of the urine is normally from pale yellow to reddish yellow, depending upon its density. If blood be present the color may be normal, or it may go through all the shades from light red to dark brown. The presence of bile and urobilin gives the urine a greenish tinge.

Appearance: Freshly voided normal urine is always clear. It becomes cloudy through precipitation of urates, phosphates and carbonates. In chronic cystitis the urine is usually cloudy owing to the presence of pus and the precipitation of phosphates or carbonates.

Specific Gravity: This depends upon the concentration of the urine and ranges normally between 1012 and 1025. It may however, be as low as 1008 or as high as 1030 without being abnormal.

Reaction: The reaction is usually acid but may be neutral or alkaline shortly after a meal, particularly if the individual has partaken largely of vegetables. After standing, especially in a warm place, the urine becomes alkaline, due to an ammoniacal decomposition. In cystitis and after administration of drugs such as sodium bicarbonate, the urine is alkaline.

ALBUMINS.

Physiological Albuminuria: Albumin has been noted in the urine of healthy individuals after severe muscular exertion, cold baths, mental labor and severe emotions and over eating. Albumin in these cases has been transitory and not always accompanied by casts. Many authorities believe this albuminuria to be purely physiological. Simon, however, claims that all albuminurias have some pathological basis. The different forms of albuminurias observed under pathological conditions may be grouped under the following headings:

1. Albuminuria due to acute and chronic

nephritis, renal arterio-sclerosis, amyloid degeneration of the kidneys.

2. Febrile albuminurias.
3. Albuminuria referable to circulatory disturbances.
4. Albuminuria referable to an impeded flow of urine.
5. Albuminuria of hemic origin.
6. Neurotic albuminuria.
7. Toxic albuminuria.
8. Digestive albuminuria.
9. Accidental albuminuria.
10. Orthostatic or postural albuminuria in children and young adults, due to a slight lordosis. (Jehle).

In acute nephritis and in chronic parenchymatous nephritis the amount of albumin eliminated is usually large, anywhere from 0.3% to 3%. In chronic interstitial nephritis and in amyloid degeneration of the kidneys, albumin is found in traces only, and is sometimes absent.

Albuminuria referable to circulatory disturbances, albuminuria referable to an impeded outflow of urine, albuminuria of hemic or toxic origin are always associated with some pathological change in the kidneys.

The question whether digestive albuminuria is a pathological condition has not been definitely settled. Why the ingestion of eggs in a perfectly normal individual should cause a decided albuminuria at one time and not at another is something which we do not understand.

The term accidental albuminuria is applied to conditions where albumin is found in the urine but which cannot be traced directly to the kidney, such as when the urine is mixed with blood pus or chyle.

Sugar: The amount of glucose present in normal urine varies from 0.01% to 0.06%. This amount is so small that it is not detected by methods ordinarily used. Glycosuria is sometimes noted in gout, obesity, exophthalmic goitre, hypertropic cirrhosis of the liver, fatty liver, pneumonia, influenza, alcoholism and lead poisoning when moderate amounts of sugar are ingested. Fright or excitement, lactation, particularly during the weaning period and in pregnancy. Administration of poison in large doses such as strychnine, morphine, amylnitrite, prussic acid, chloroform and carbon monoxide, may cause a temporary glycosuria.

In diabetes the sugar content varies, depending upon the diet of the patient. It may be anywhere from 0.1% to 4%, or at times sugar may be absent.

Diacetic Acid: Diacetic Acid is a product of faulty oxidation of fats and carbohydrates.

Acetone: Appears in the urine during starvation and in febrile condition particularly in children. When combined with diacetic acid and oxybutyric acid, it is a very serious condition, usually a forerunner of diabetic coma. Acidosis, so called, if present during pregnancy is a very grave symptom.

Indican: Traces of indican are of very little significance. Moderate and large amounts however, indicate putrefactive changes in the intestinal tract and point to absorption of toxins.

Bile: Is found in jaundice and mineral poisonings.

MICROSCOPIC EXAMINATIONS.

Casts are supposed to be exudates from the uriniferous tubules of the kidneys and are classified according to their appearance:

Hyaline, granular, finely granular, coarse granular, brown granular; waxy.

Hyaline casts are usually found in the chronic and less severe inflammations of the kidneys. They are also found in apparently normal individuals over 40 years of age.

Granular casts and brown granular casts are noted in acute nephritis and in chronic parenchymatous nephritis and often in acute infectious diseases.

Waxy casts are found in amyloid degeneration of the kidneys.

Any of the casts may have clinging to them blood corpuscles, pus cells or epithelial cells and are then called blood, pus and epithelial casts, respectively.

Cylindroids: Are not considered pathological by some authorities and may be seen in almost all conditions, in which hyaline casts are found.

Pus: Normal urine contains a very small number of pus cells (in our laboratory we enumerate the pus cells taken from a centrifuged specimen by counting the number of cells found per field, using number 4 occular and number 7 Leitz objective); in the male or in a catheterized specimen from either male or female, one to four pus cells should not be considered abnormal.

Pyuria may come from the kidneys, ureter, bladder, prostate and urethra. Acute nephritis and tuberculosis of the genito-urinary tract may also cause an increase in pus cells.

Blood Cells: Erythrocytes never appear in normal urine Acute nephritis, tuberculosis, calculi, cancer or sarcoma, acute infectious diseases, ulcerations or

papiloma may cause the appearance of blood cells in the urine. When blood cells are associated with calcium carbonate, calcium oxalate or uric acid crystals, stone of the kidney or ureter should be suspected.

Epithelial Cells: Epithelial cells are always normally present in urine. In the female we always find a large number of them due to admixture of vaginal secretions. These cells are divided according to their shape into flat, caudate and round cells. The flat cells come from the bladder or the ureter; caudate cells from the superficial layers of the pelvis of the kidney or the neck of the bladder; round cells come from the uriniferous tubules and in the male from the deeper layers of the mucous membrane of the urethra.

Miscellaneous formed elements: Spermatozoa are frequently observed even in healthy adults. Pathologically they may occur in obstinate constipation and periurethral abscesses, in the urine voided during an epileptic attack and in certain spinal diseases involving the lower portion of the spinal cord.

Masturbation and gonorrhea may cause spermatorrhea.

Yeast cells and fungi are very often found in the urine, particularly if the urine contains sugar.

CRYSTALINE AND AMORPHOUS CONSTITUENTS.

Ammonium magnesium phosphate, calcium oxalate, calcium phosphate, calcium carbonate, uric acid, amorphous urates, ammonium urate, hippuric acid, cystine, leucine, tyrosine.

Pathologically the following have very little or no significance as they are normally found in acid urines and are precipitated by the change in reaction from acid to alkaline:

Ammonium magnesium phosphate (triple phosphate), calcium carbonate, calcium phosphate, ammonium urate, amorphous urates.

Calcium oxalate crystals are found normally when the individual has eaten largely of vegetables and fruits such as tomatoes, rhubarb, asparagus, oranges, etc. Pathologically they are sometimes found in diabetes mellitus and tuberculosis.

Renal calculi are sometimes due to oxalates.

Uric acid may be found in the urine after profuse diaphoresis in acute rheumatism, acute gastritis and enteritis associated with vomiting or diarrhea; also following the crisis in pneumonia, and in renal calculi caused by uric acid.

Hippuric acid has been observed in febrile diseases, diabetes, and chorea; also after administration of benzoic acid and salicylic acid.

Cystin is very rarely found, furthermore we know very little of its clinical significance.

Leucin and tyrosin are never found in normal urinary sediments. They are observed in acute yellow atrophy and acute phosphorous poisoning.

Cystin is very rarely found in normal urinary sediments. They are observed in acute yellow atrophy and acute phosphorous poisoning.

QUANTITATIVE ANALYSIS.

Phosphates: The normal output of phosphate in 24 hours is from 2.5 grammes to 3.5 grammes. (For clinical significance see chart).

Chlorides: The normal output of chlorides in 24 hours is from 10 to 15 grammes per day depending upon the amount of salt ingested. (For clinical significance see chart).

Nitrogen: Total nitrogen varies with the amount of nitrogen ingested. No definite figure for the nitrogen output can be fixed.

Urea: The urea output represents from 60 to 90% of the total nitrogen found in the urine, and is closely related to the amount of protein ingested, variations of from 10 to 40 grammes per day are not uncommon. The urea output can be interpreted only when taken in conjunction with the protein intake and the other urinary and clinical findings. More valuable information regarding nephritis and allied conditions can be obtained by means of the chemical examination of the blood and the Ambard co-efficient.

The value of these test will be described later.

Ammonia: Normally ammonia varies very little, being from 4.1% to 4.6% of the total nitrogen. (For clinical significance see chart).

Uric Acid: Normally the uric acid consists of 0.5% to 1% of the total nitrogen. Contrary to the general belief the uric acid content of the urine does not give an accurate indication of the existence of a pathological condition, although in acute articular rheumatism the output of uric acid is increased. The blood is a better indication of the existence of the so-called uric acid diathesis.

Special Reaction—Diazo Reaction: The Diazo reaction was at one time regarded as pathognomonic for typhoid. Subsequent examinations however, have shown that

while a positive reaction has been obtained in many instances, it is also found in diseases of the nervous system, chronic diseases of the heart and kidneys and very often in acute infectious diseases.

Creatin and Creatinine: Creatin and creatinine in the urine are of so little value that they need not be discussed.

URINE CHART.

	Normal	Pathologically Increased in:	Pathologically Decreased in:
Volume	1000 c.c. to 1600 c.c. in 24 hours.	Chronic nephritis, diabetes mellitus, diabetes insipidus.	Acute nephritis, Cardiac diseases, Chronic nephritis associated with cardiac diseases, Diarrheas of all kinds, Acute infectious diseases.
Specific gracity	1.012 to 1.030	Diabetes mellitus sometimes in acute nephritis.	Diabetes insipidus, Chronic interstitial nephritis.
Phosphates	2.5 to 3.5 grammes in 24 hours.	Rarely increased.	Acute febrile diseases, Acute nephritis, Anemias, Chronic lead poisoning, Addison's disease.
Chlorides	10 to 15 grammes in 24 hours.	During absorption of exudates and transudates.	In starvation, Febrile diseases, Chronic nephritis, During the active stages of pneumonia, pleursy and ascites.
Total nitrogen	Variable depending upon the amount ingested.		
Urea	10 to 40 grammes in 24 hours.		Cirrhosis of the liver, Acute yellow atrophy, Chronic nephritis.

	Normal	Pathologically Increased in:		Pathologically Decreased in:
Ammonia	4.1 to 4.6% of the total nitrogen.	Febrile diseases ..... 5.7 to 6.7% Carcinoma of the liver... 6.4 " 24. % Liver abscess ..... 4. " 10. % Circulatory diseases ....10. " 32. % Respiratory diseases .... 6. " 14. %		
Uric acid	0.5 to 1% of the total nitrogen.	Acute articular rheumatism.		
		Found in:		
Diacetic Acid	Absent	In all conditions preceding an acidosis.	It should be borne in mind that administration of salycilates will give a reaction similar to that of diacetic acid.	
Acetone	Absent	Diabetes, nephritis, acute febrile diseases, acute gastro-intestinal conditions, particularly in children.		
Indican	Absent or in traces only.	Absorption of toxins from the intestines.		
Bile	Absent	Jaundice and mineral poisoning.		
Sugar	Absent	Diabetes, injury to brain, acute pancreatitis.		
Albumen	Absent	Traces and small amounts in:	Large amounts in:	
		Chronic interstitial nephritis, amyloid degeneration of kidneys.	Acute nephritis, chronic parenchymatous nephritis, hemorrhage in the genito-urinary tract and pyurias.	

MICROSCOPIC EXAMINATION.

Hyaline casts	Sometimes found in apparently healthy individuals over 40, under pathological conditions found in chronic interstitial nephritis and amyloid degenerations of the kidneys.
Granular casts	Always found in acute nephritis and chronic parenchymatous nephritis.
Waxy casts	Found in amyloid degeneration of the kidneys.
Cylindroids	May be found in all forms of nephritis and are not considered pathological by some authorities.
Pus cells	In large numbers in pyelitis, cystitis, acute prostatitis, tuberculosis and calculi.
Erythrocites	In tuberculosis, calculi, acute and chronic parenchymatous nephritis, acute infectious diseases, carcinoma and papilloma of the bladder.
Epithilial casts	Are always found in the urine. Round cells should lead one to suspect some kidney lesion.
Mucous threads	Are not pathological unless found in large numbers and associated with pus or blood cells.
Crystalline substances	Calcium oxalate, calcium carbonate and uric acid when associated with red blood cells are indicative of stone.

SOME MASTOID DIFFICULTIES.

By Dikran M. Yazujian, M. D.,
Trenton, N. J.

In the majority of cases diagnosis of mastoiditis is easy when the usual history, combined with the usual signs and symptoms, are present. For example, a child who has been swimming the previous day wakes up with a painful ear the next morning. The pain continues in spite of applications of sweet-oil, laudanum, or some other favorite of the laity—and of some of the doctors. If the physician has not been called in time, or if the thought of incising the tympanic membrane and promptly relieving the child's suffering has not occurred to him, kind Nature finally takes a hand and ruptures the drum, whereupon the pain ceases. The ear begins to discharge and continues to do so for from several days to several weeks. Some fever usually accompanies the otitis media. If the invading germs have not been of the Teutonic type, or if the patient's resistance is that of the kind of the Allies the otorrhea soon ceases, the perforation in the tympanic membrane closes and the hearing becomes normal.

However, if the patient has first been robbed of all the weapons of defense, like the poor Armenians, the germs play the part of the Turk and carry on their destructive work till to the symptoms of otitis media are added those of mastoiditis, such as tenderness over the mastoid tip and antrum and perhaps over the root of the zygoma in front of the ear. I say, in a case presenting the subjective symptoms, the significance of which is emphasized by the objective symptoms such as bulging of postero-superior canal wall and the superior segment of the drum, the diagnosis of mastoiditis is easy. But when the history and the symptoms are lacking, or complications are present, it makes the surgeons think twice before a diagnosis is reached or operation decided on.

The following cases from my files illustrate the point in view:

*Case I. M. E., male child. Age 7. American. Seen June 11, 1918. Complaint: pain in the right ear.

About a month ago was struck in the right side of the occiput with a stone thrown at him by the neighbor's boy. No ill consequences followed except local swelling. A week ago the right ear became sore. The family physician was called and treated him till yesterday when he told the parents that it was a case for an "Ear-man." The ear had never discharged before and was not discharging at the present time. Tonsils and adenoids were removed two years ago. The child had not been swimming.

The patient when seen was in bed and had been for a week. Examination showed that hearing was reduced to contact by watch-test. Meatus was dry and no perforation was found in the tympanic membrane which was only slightly bulging in the posterior segment. Mastoid tip and antrum

tender to the touch. No redness or edema behind the ear. Pharynx and teeth normal.

A free myringotomy was done, which was followed by profuse discharge. However, when the patient was seen next day there was no amelioration of pain, and tenderness was persistent over the tip and antrum. The child had a temperature of 99.3 that afternoon. He was sent to the hospital and a simple mastoidectomy done the same day. As soon as the outer plate of the bone was tapped with the chisel thick, creamy pus began to pour out. Chiseling was discontinued and rongeur depended on during the rest of the operation. The tract of pus was carefully followed and was found to end in the dura which was almost entirely eaten off. The pus was gently wiped off and the wound washed with normal salt solution. The cavity was loosely packed with plain gauze tape, the end of which was left out of the skin wound.

Anticipating meningeal complications, urotropin was given in 5 grain doses every three hours for several days following the operation. However, there was no complications and the patient was discharged on June 22nd, with a normal hearing.

Comment: Here was a case with a negative history and etiology, and with no other objective signs except tenderness and a slight bulging of the tympanic membrane, and yet a case of such severity that twenty-four hours' delay might have turned the scales in the opposite direction. I do not think that there can be laid, with any safety, hard and fast rules about the time of operation in mastoiditis. Each case is a law unto itself.

It was peculiar that the drum was more resistent to the disease than the bone, the former having not ruptured at the end of a week, while the latter was completely eaten away. Another peculiarity of the case was that the pus had burrowed its way toward the brain instead of coming outward which is the usual rule in children.

The most fortunate thing was the absence of meningeal complications even when the abscess had eaten off the dura almost completely.

*Case II. H. O., female child. Age 11. American. Seen Oct. 30, 1918. Complaint: Pain in the left ear. Had had influenza three weeks ago and when she was recovering from her attack she began to have pain in the ear, which lasted for about three days. The family physician attended to the ear, without surgical intervention. At the end of the third day the ear began to discharge and the pain stopped. The ear had since been discharing, now for three weeks. That morning, back of the ear had become painful and swollen, of which symptoms the patient was complaining when seen. The child had always been rather delicate and anemic, but especially so since her attack of influenza.

Examination showed the following conditions: Auricle pushed forward; postauricular gland swollen and tender to the touch. Redness and swelling behind the ear and in the posterior wall of the meatus. Tenderness over the mastoid tip and antrum. On account of the swelling in the meatus a satisfactory examination of the drum and annular region could not be obtained, but there seemed to be a perforation in the anterior segment. Hearing in this ear was reduced to contact by watch-test. Temperature 99.1.

Continuous moist compresses of 1-1,000 mercuric chloride solution were ordered, to be applied to the meatus and over the antrum.

Next day the gland had gotten smaller, though still tender, cellulitis less marked and temperature normal, but the tenderness over the tip and the antrum persisted, and there was some discharge from the furuncle in the posterior wall of the meatus. The condition looked more like a simple furunculosis with sub-periosteal abscess formation rather than mastoiditis.

On November 1, that is, 48 hours from the time the patient was first seen, the edema behind the ear had become more marked. The discharge from the tympanic cavity as well as from the furuncle was continuing, and there was no reduction in the amount of tenderness.

Operation was advised and consented to. After making the incision no sub-periosteal abscess being encountered the mastoid process was explored and was found to contain pus and broken-down cells. These were curetted out, the wound packed with iodoform tape and closed in the usual way.

The child left the hospital in ten days. There was still some discharge from the ear, which completely stopped at the end of another ten days, leaving the child with perfect hearing.

Comment: Complicated cases like these are by no means rare and the aurist is called upon to make a diagnosis, as in the first case, and a differential diagnosis, as in

*Reported to the Philadelphia Laryngological Society.

the second case. On his decision depend the welfare and safety of the patient. To my mind the aurist is, in obscure cases, just as much justified, nay, duty-bound, like the abdominal surgeon, to do an exploratory operation to clarify the diagnosis. Watchful waiting is not always the best plan to follow. It would have meant, in the first case, the death of the patient, and in the second case unnecessary suffering if not serious complications.

Clinical Reports.

Tetanus After Section of Spinal Cord.—Drs. H. C. Claude and J. Lhermitle, in the Paris Medical, record this case: The projectile had pierced the spine and the paraplegia was of the total section type. The thirty-second day the legs developed severe tonic and clonic contractions with trismus and sweating of the upper part of the body. Death followed in four days, necropsy confirming the anatomic section of the cord at the eighth dorsal segment. The case reaffirms the independent activity of the lower part of the spinal cord.

Inverted Vision.

A study of the rare and little known condition in which the patient sees objects inverted has been made by Bourgeois. Two English cases have been reported, one in a child of 5 in whom the peculiarity was unsuspected until in his earliest attempts at drawing he represented objects inverted. Bourgeois admits that the patient did not possess the power of erecting the retinal image. At this point a remark suggests itself. How did he see his own drawings?

Bourgeois himself reports a case of exceptional facility for reading inverted print, a faculty not acquired by training. Dr. Doe (of Lyons) has reported a temporary loss of the power of image-erecting, coming on after a cerebral hemorrhage and lasting six hours.

Repeated Cessation of Heart Beat.—Drs. E. P. Poulton and H. M. Stewart, in the London Lancet, report that only one other case of arrest of the heart for so long as thirty seconds was found recorded. Their patient was a man, aged 67 years. During every two minutes the pulse completely stopped for forty-seconds. This sequence of events continued with regularity. There was no obvious abnormality about the heart. The patient was emphysematous and the apex beat barely palpable. There were no murmurs. When the pulse stopped no beat of the heart was audible with the stethoscope; nor was there any sound suggestive of auricular beats. No venous pulsation in the neck was observed. The man died with signs of cardiac failure.

Erosion of Blood Vessels in Scarlet Fever.

Dr. John Howland, Baltimore, reported this case at the meeting of the American Pediatric Society which occurred in a child 5½ years of age. The child became ill on December 1, 1917, and two days later a membrane appeared on the tonsils. The child developed no characteristic eruption and the case was diagnosed as one of diphtheria. Subsequently, albumin was found in the urine and it was thought that the child had a post-diphtheritic nephritis. Twenty-three days after the onset the child became very ill. There was found to be a necrosis of the right tonsil with a very foul secretion and a characteristic scarlet fever desquamation. There was a mass in the right side of the neck which was opened and about two ounces of pus evacuated, but no blood. In the middle of the night the child was found exsanguinated and in a pool of blood. The child was given 300 c.c. of salt solution subcutaneously and transfused with the mother's blood, 250 c.c. being given intravenously. The child was given morphine and an attempt made to examine the abscess cavity, when there was a gush of blood, apparently from the external carotid or the lingual. The vessels were ligated and the hemorrhage controlled. Another transfusion was given and after that the child improved until two weeks later, when another hemorrhage occurred as the result of the sloughing of a suture on the external carotid. After this the child improved quite rapidly and eventually recovered, though convalescence was complicated by a psychosis. Hemorrhage after scarlet fever was reported in about 50 cases, but in most instances it was from the internal jugular, and such cases ended fatally.

Primary Syphilis of the Lip.

Reported by Dr. A. R. Tormey, at meeting of the Washington University, St. Louis, Medical Society:

W. B., negro, aged 48; janitor. This case was admitted to Barnes Hospital on Feb. 9, 1918, complaining of numbness and pain in limbs and eruption of skin. F. H. was negative, but it should be noted that he has ten children, nine of whom are living and well. P. H. negative, patient denies any specific infection. P. I. began about Dec. 15, 1917, when he scratched his lower lip with a nail while lifting a barrel off a shelf. During the Christmas season he was very proficient in the art of osculation and says that shortly after this time the scratch became enlarged and persistently refused to heal. Four weeks later, or about January 25, he noticed the eruption on his skin. This was followed by vague pains in joint and epigastrium.

Physical examination shows a general glandular enlargment varying in size from a pea to a lima bean. The hair on outer border of eyebrows very thin. Pupils small, slightly irregular, but react to light and accommodation. On the lower lip just left of the midline there is a fairly large, somewhat irregular, erythematous area, slightly indurated and covered with a parchment-like layer of epidermis. He has marked pyorrhea. The heart and lungs are negative; there is no evidence of old scar on genitals; his skin is dry and covered with a diffuse macular, papular, annular eruption which is indurated, slightly elevated and which has a tendency to form circles. The lesions are somewhat scaly, pearly white in color and are on arms, legs and body. Those on the genitals are typical annular, papular syphilides,

which are characteristic of the disease in this race. Blood Wassermann 4+; spinal fluid negative. Diagnosis: Syphilis of the lip with secondary eruption.

The extra-gental chancre is a comparatively common lesion to the dermatologist, but is not so frequently seen in general practice or hospital work. That is one of the reasons this case is presented. Others are age of patient and source of infection. While the history in this case would lead one to believe that the infection was contracted through kissing, still it is impossible to rule out dishes, towels, drinking cups, etc. It might be well to note that physicians are innocent victims, especially to chancres on the hand.

The main points to emphasize are the frequency of extra-genital chancres, and the large number of medical men affected; the value of early diagnosis followed by intensive treatment; and the need of further work along prophylactic lines, with proper instruction to syphilitics in regard to gravity of the disease.

A good rule to follow in case of any persistent sore, no matter where the location or how trivial, is to think it an extra-genital chancre until proven otherwise.

Cellulitis of Upper Lid Due to a Foreign Body.

Dr. Alex. Rovinsky reported this case in the N. Y. Medical Journal:

A boy of eight years of age was brought to the eye clinic of the Post Graduate Hospital, New York, with a history of having had a piece of wood "shoved" into his eye by a playmate some eight weeks previously. The right eye was enormously swollen and entirely closed by mechanical ptosis. No pain or tenderness was evinced on manipulation, and on forcibly separating the lids the cornea appeared transparent and the pupillary reaction normal. There was considerable chemosis at the nasal portion of the conjunctiva, and slight ptosis outward; inward movement of the eye was somewhat limited. The patient was given some Burrow's solution for external application. When he returned two weeks later, swelling had abated to some extent and palpation revealed a firm, elongated body immediately under the lid. This proved to be a sliver of wood an inch long and a quarter of an inch wide, which was easily pulled out by the forceps. There was no reaction, ptosis gradually disappeared, and in three weeks the lid was normal in shape and motility. The author points out that, owing to the elasticity of the skin covering the lids and their loose attachment to subjacent parts, edema and ecchymosis resulting from trauma is much greater in the eye than in any other part of the body; it is necessary, therefore, to make a thorough examination to determine whether there is an open wound in the lid or any involvement of the orbit and eyeball.

Abscess of Liver in Young Infant.

Reported by Dr. A. J. Scott Jr., Los Angeles, in the California State Medical Journal:

J. B., age 13 months, first entered the County Hospital May 9th, 1917, with lobar pneumonia. He re-entered the hospital August 29th, 1917, with a complaint of cough, high fever, poor appetite and history of having been ill since previous entrance in May.

Physical examination: Somewhat jaundiced, which condition kept increasing. Auscultation of chest showed rales along the right side of the spine. Rest negative. Abdomen markedly distended and the liver about three fingers below the costal margin, no adenopathy, reflexes normal and the left leg was somewhat stiffened. Von Pirquet negative, Wassermann negative, urine negative, feces negative for parasites. Blood examination, September 3rd: Reds 2,400,000, whites 41,800. September 15th: Reds 1,600,000, whites 29,400. Differential count polys 52 per cent., monos 48 per cent., normoblasts, poikilocytosis, polychromatophila, hemoglobin (Sahli) 22 per cent.: a secondary anemia.

No splenic enlargement. No diagnosis made. Child died September 25th, at 5 p. m. Postmortem held following day by Dr. Hammach showed in chest small firm area in the posterior part of the left upper lobe, cut surface moist, fluid expressed is turbid. Right lung adhesions about the upper lobe and between the upper and middle lobe. All of the posterior part of the upper and middle lobes firm and non-crepitant and have the same appearance on section as the consolidated portions of the left. Abdomen, the organs were all normal with the exception of the liver, which was markedly enlarged and freeing it from the diaphragm showed a pronounced bulging upon the superior surface. Opening this there was a marked outpouring of greenish pus, which upon smear and culture showed a pure culture of pneumococcus.

Diagnosis: Pneumococcic abscess of the liver.

Cysts of the Thyroglossal Duct.

Reported by Otto T. Freer, M. D., Chicago, at the 40th annual meeting of the Amer. Laryngological Association.

Case 1. Male, began to have difficulty in swallowing, and at the same time noticed a swelling in the region of the thyrohyoid space. When first seen, on April 19, 1915, the swelling had increased and there was an increase in the difficulty in swallowing, so that to make solid food go down he had to try twice and help with a mouthful of water. Examination showed a normal nose, pharynx, larynx and esophagus. In the thyrohyoid space a cyst was felt, seemingly lying underneath the sternhyoid muscles. It was of walnut size and could be felt to interfere with the ascent of the thyroid cartilage to the hyoid bone when the patient swallowed—that is, the cyst became pinched between the two structures.

Operation on June 17, 1915. After dissecting off the superficial fascia and platysma muscle from a vertical median incision, a strong, tendinous layer of fascia was exposed that was attached to the lower border of the hyoid bone above and to the border of the thyroid notch below; so firmly binding down the cyst between itself in front, the median thyrohyoid ligament behind and the thyrohyoid membrane laterally, the cyst being unable to escape from the compartment in which it was confined when pinched during swallowing. When exposed by removing the fascia described, the wall of the semi-transparent cyst was found to be so frail that it could not be seized lest it tear. This made the dissection tedious, as only the tissue surrounding the cyst could be held with tissue

forceps, the cyst being held aside with dull retractors. The cyst was removed unhurt from its bed and was found to end above in a fibrous pedicle that lay against the posterior surface of the body of the hyoid bone and could be followed as high up as its superior border at the level of the hyoepiglottic ligament. Removal of the cyst exposed the median thyrohyoid ligament to view, this ligament forming the posterior wall of the compartment in which the cyst had been confined. Microscopic section of a part of the cyst wall showed it to be composed of fibrous tissue lined with a layer of leucocytes intermingled with numerous, evenly distributed giant cells. There was no epithelium. The cyst contained a clear fluid. The removal of the cyst enabled the patient to swallow normally.

Case 2. The second patient was a woman of thirty-two years, first seen on November 8, 1916. She had a swelling over the larynx since her tenth year. Iodin was injected into this swelling during the summer, and since this was done the swelling had gradually increased in size. Examination showed a spindle-shaped cystic tumor of the size of a walnut in the prelaryngeal region. The upper pole of the cyst could be felt to dive under the center of the body of the hyoid bone; its lower pole dwindled to a cord that could be felt to reach the region of the thyroid isthmus.

Operation under cocain on November 17, 1916. It took two hours to dissect out the cyst, as only the most delicate handling could prevent its rupture, and inflammatory changes caused by the iodin injection had made the cyst wall grow to its surroundings, so that the thyrohyoid and sternohyoid muscles were firmly joined to it in front. The upper end of the cyst ended in a cord that extended upward under the body of the hyoid bone to its upper border, where it was lost in the hyoepiglottic ligament. Below, the cyst ended in a similar cord that joined the isthmus of the thyroid gland. When freed from its bed, just before removal, the cyst ruptured, thick pus escaping, a cold abscess probably caused by the iodin injection. After the cyst was taken away, the thyroid and cricoid cartilages, upon which it had lain, were bared to view.

Pneumococcus Arthritis—Vaccine Treatment—Recovery.

The following case is of interest, first, because its commencement was very unusual—there had been no previous illness, nor was any focus of infection found; second, the method of treatment led to prompt recovery.

The patient, a middle-aged woman, was seized with pain in right knee; there was no history of injury or previous illness, and the condition was treated as a simple synovitis. The condition, however, did not subside, and a further diagnos's of rheumatoid arthritis was made and treatment carried out. No improvement took place, and gradually other joints were implicated. After several months' futile treatment she came under my care. At this time patient was utterly helpless and unable to move; even the upper extremities could be moved only with great pain. She was in a state of profound sepsis, with typical septic temperature, skin a pale earthy color, and marked anemia of mucous membranes. Practically all joints were involved, the most marked changes being in knees, ankles, wrists, and shoulder joints. The phalangeal joints were swollen, painful, and spindled-shaped. No reddening of any joints. Knee joints distended with fluid; appetite poor.

I advised aspiration of knee joint for diagnostic purposes. This was done and a bacteriological examination made of the fluid, this latter being a thick turbid material, grayish-yellow in appearance. On culture this showed a mixed infection of pneumococci and streptococci. A vaccine was made and treatment begun. She was kept in bed, given the maximum of fresh air, her bed being moved out on to a balcony when the weather was suitable. Her improvement as soon as vaccine was started was remarkable. Temperature steadily decreased, appetite returned, skin and blood condition improved, and pain abated. As soon as temperature became normal, gentle massage of limbs was commenced, but joints were left severely alone at first. Later the latter were rubbed and moved. Progress was uninterrupted, and from an apparantly dying woman she was restored to her former health, and at the present time it is impossible to realize that she had ever been so ill. She has free movement in all her limbs and can close her hands with ease.

The majority of pneumococcus arthritis cases are surgical and often one or two joints are affected. Surgical treatment in this case with a multiplicity of joints affected, even if successful, would have been very tedious, and much disuse of joints would have ensued. The termination of this case with its perfect recovery emphasizes the necessity of having the joint fluid examined in every case of multiple arthritis when practicable. I can find no record of any case treated with a vaccine with such a pleasing result.—Campbell Horsfall, The Lancet.

Gauze Sponge Expelled from the Urinary Bladder.

Dr. G. Paul Laroque, Richmond, Va., at the annual meeting of the Southern Surg. Asso'n, said: Five years ago a woman was operated on and was told that the appendix and left ovary were removed and the uterus suspended. No drainage was employed. She remained perfectly well for five years and was then seized suddenly with agonizing bladder tenesmus, spasmodic incontinence of urine, and an enormous quantity of foul-smelling pus. Roentgen examination for stone was negative; there were no clinical evidences on examination. Cystostomy was not attempted on account of the violence of pain and the inability to hold water in the bladder. The body temperature varied from normal to 101 F.; the pulse varied from normal to 100. Vaginal examination detected a small mass in the right fornix.

There were no menstrual symptoms. On two occasions the patient had retention of urine, and the catheter withdrew on the first occasion a quart of foul-smelling pus containing urine, and a week later, when an attempt was made to catheterize her again, a piece of gauze was discovered in the urethra. This was pulled out and proved to be a surgical gauze sponge about

2 inches wide and 10 inches long. The symptoms immediately subsided. In a week's time she was well, cystostomy revealing a very small, almost completely healed fistula in the right side of the bladder. The mass could no longer be felt in the pelvis. In a week the patient left the hospital, and has remained perfectly well.

Spinal Lesion—Syringomyelia (?)

Reported by Dr. Gilliland at meeting of the Washington University Medical Society:

Case of Morris L., aged 40, white, male. This case is presented because of an unusual paralytic condition of the arms and shoulders and an atrophy of the muscles in these regions.

The family history of the patient is unimportant. Past history, typhoid at 24 years. Patient is a machinist but did not come in contact with lead. Used twenty cigarettes daily. Venereal history negative.

Present trouble began September, 1914, with feeling of cold in the fingers of the left hand, later forearm and arm. Within two years power of motion was altogether lost. In the summer of 1915 the right hand, forearm and arm were similarly affected and power of motion almost completely gone within six months.

For the past six months there has been no change in the patient's condition. Patient notices no trouble in the lower extremities. The principal findings in this case are the paralysis of the shoulder girdles and arms, and the sensory changes of the arms, upper trunk and neck. There is a complete loss of sense of heat and cold over the anterior and posterior aspects of both arms, over the chest above the nipple line and over the chest posterior above the angles of the scapula extending over the neck, front and back, and up over the side of the face on both sides.

There is an area half the size of the hand in the left flank where the application of cold causes pain internally. There is some diminution of perception of pin prick over the left arm and the right forearm and upper arm. The right side of the chest shows better perception than the left, but both are abnormally diminished. The reflexes of the upper extremities are absent. Lower extremities show exaggerated quadriceps, knee jerks, plantar and Achilles reflexes. No Babinski, clonus or Oppenheim. Strength fairly good in both legs. At time of admission perception of pin prick was found to be present but slightly diminished over the left upper thigh.

This case is considered probably one of syringomyelia because of the paralysis and the dissociation of sensation of heat, cold, pin pricks, etc.

The Wassermann test on the blood and spinal fluid is negative. The other laboratory examinations did not vary from the normal.

Ileus from Cherry Stones.—Dr. A. Kotzaroff, in the Revue Medicale, Geneva, reports that two tumors with a tender zone between, all in the descending colon, proved to be an accumulation of 712 cherry stones. No cherries had been eaten for several months, and microscopic examination at necropsy revealed incipient malignant disease. The latter had propably interfered with normal peristalsis.

Abstracts from Medical Journals.

Heart Weakness. — Many physicians when they suspect heart weakness as acause of symptoms, begin immediately to look for some valvular lesion and in that mental attitude overlook irregularities of rythm as extrasystoles and pulsus alternans, which mean serious myocardial lesions.—Texas State Journal of Medicine.

Influenza.

Dr. G. Sofre in the Riforma Medica, Naples, relates that in the epidemic in his region there was active nephritis in all the fatal cases. A tendency to hemorrhages was also noticeable, and repeated epistaxis seemed to induce such a turn for the better that he systematically resorted to venesection in treatment of the severer cases. Considerable albuminuria was constant in the grave cases. Children frequently presented a dysenteriform enteritis.

Dr. C. Cantieri, in Rivista critica de clinica Medica, Florence, describes some cases of post-influenzal protracted sinusitis, pleural and pulmonary pains, and influenzal apical lesions or diffuse bronchiolitis. In a number of cases he has seen the influenza return during convalescence and run through its course again, suggesting the undulating course of Malta fever.

Postoperative Sequelae of Acute Appendicitis.—Dr. John B. Deaver ,Philadelphia, in a paper on the above subject said: In 1,700 operations for acute appendicitis there were sixty-six deaths, a mortality of 3.7 per cent. The series included all cases of acute appendicitis with and without preoperative complications directly due to the condition of the appendix or to the involvement of other viscera. Of the complications, fecal fistula occurred in forty-two cases, secondary abscess in thirty and intestinal obstruction in twenty-seven cases. An analysis of the cases of obstruction shows that fully 70 per cent. required drainage at the original operation. There is no doubt that in every case of acute appendicitis requiring drainage operation was delayed beyond the most favorable moment. In the prevention of surgical complications there is nothing more important than to forestall the formation of pus within the peritoneal cavity. A large number of these cases would not have developed adhesions and consequent obstruction if the original appendicular disease had been treated early and no drainage had been required.

The Psychological Handling of Tuberculous Patients.

Dr. Charles L. Minor, Asheville, N. C., in the American Review of Tuberculosis, points out the fact that in no other disease is the relation between mind and body, between the psychical and the physical, so close and so important as in pulmonary tuberculosis and that the physician who would successfully treat this disease must be prepared to pay almost as much attention to his patient's psychic side, to his mental attitude and his reaction to his sickness, as does the neurologist in his work. He definitely states that in making a prognosis in pulmonary tuberculosis the patient's

mental attitude is fully as important as is the physical condition of his lungs. That the physician must tactfully make the history more searching in its inquiry into the psychic life of his patient than is usually the case, and from the first interview between doctor and patient there must be mutual confidence and the doctor must inspire respect and obedience. The difficulties of successfully taking the treatment in the home, especially from the psychical standpoint, are strikingly portrayed, as are also the advantages and disadvantages of sanatorium treatment. He thinks the atmosphere and environment in a well-managed cottage sanatorium will soon succeed in overcoming the homesickness from which some of these patients suffer and which, if not relieved, may become one of the greatest obstacles in the way of sanatorium treatment. In the sanatorium the patient is removed from the objecionable and depressing features which often exist in the best ordered homes and instead of being lonely and over-anxious, there is often a complete readjustment of the mental attitude and through contact with those who are making the same fight, introspection is often replaced by a spirit of helpfulness and co-operation. Finally, the author deals with that pschological relationship which arises between physician and patient and which in many instances works a revolution in the life of the patient and sends him forth not merely restored physically, but re-created mentally.

Graves' Disease and Malignant Goiter, X-ray Treatment of.

Dr. P. Sudeck, in Deutsche med. Woch., studies the indications of radiotherapy in these two morbid processes. In the goiter of Graves irradiation is insufficient, unreliable, and even dangerous on account of the possibility of thyroid and parathyroid atrophy. On the other hand, radiotherapy may serve as a preliminary to operative interference in cases where the gravity of the disease is a contraindication for an immediate operation. In malignant goiter the results have been most encouraging, to such an extent that the success must be regarded as much due to a particular susceptibility of the neoplastic tissue as to the superficial situation of the growth. The writer has not noted that any particular type of neoplasm (carcinoma, sarcoma, sarcocarcinoma) reacts better than the others. Inversely, the surgical treatment of these malignant goiters is unsatisfactory. The necessity of performing total extirpation and at the same time saving the parathyroids makes radiotherapy preferable to operation in malignant disease of this gland.

Repair of Large Peripheral Nerve Gaps.

Dr. Kenneth A. J. MacKenzie, in Surgery, Gynecology and Obstetrics, draws the following deductions from a limited number of cases: 1. Regeneration and recovery of function are promoted by the use of nerve flaps. 2. Both central and peripheral flaps can be used for such purposes. 3. A peripheral flap, by lawing down a nerve path, may promote regeneration over a great gap. In one case quoted regeneration occurred over a gap ten and three-quarter inches in length. 4. The approximation of nerves and their repair should be done in all cases with the least possible delay. This would apply as well to cases which are infected as to clean cases. 5. The arrest of trophic shock can be promoted by early closure of large gaps by flaps. 6. Unimpaired nerve tissues should always be utilized for the effective repair of damaged nerves. 7. In their repair, nerves can be successfully sequestrated in muscular tissue so as to promote their own regeneration and that of the muscles in which they are imbedded. 8. The principle of sequestration can be utilized in proper cases so as to avoid infected zones in wounds and also scars and other obstacles to nerve repair.

Bone Grafts.—Dr. J. S. Dauriac says that, with Dr. Albee's technic, bone grafts can be counted on to repair vast losses of substance, when otherwise amputation would be inevitable. He has applied this technic to all the long bones and with constant and equal success. The graft must always be taken from the subject himself, and the intervention must be postponed until all suppuration is long past, and a course of remineralization has prepared the bones for repair. The graft is taken from the sound mate, and is cut long enough so the ends fit far into sound tissue at each end, and the graft is fastened in place only with absorbable substances, never with metal. The access to the focus must never be through the old cicatrix, as this might rouse latent infection. Of equal importance is the warning not to immoblize the limb too long, but give it a chance for the normal dynamic functioning of the bone. According to Wolff's law, then the bone will assume the shape and strength which its function demands. His long experience with this method justifies, he says, the highest hopes from it to uncripple the cripples, and he urges a special service for reconstruction of this kind on a large scale.—Bulletin de l'Academic de Medicine, Paris.

Urinary Calculi in Childhood.—Drs. R. Puech and G. P. Souza, in Annales Paulistas de Medicina e Chirugia, reports 35 cases of urinary calculi in children, with the following conclusions: The condition is fairly common in Brazil; the vesical variety is much more common than the renal; fifty per cent. of their cases were in Italians or persons of Italian descent; the condition is much more frequent in males than in females (thirty-four males and one female); and the common age is from three to five years. Ninety per cent. of the calcui were phosphatic, while seventy per cent. of the children had phimosis, which is apparently a contributory cause. There were no recurrences after operation.

Operative Treatment of Bladder Tumors.

Dr. Neander, in Hygiea, states that from 1901 to 1915 the surgical clinic of the Seraphine Hospital supervised 49 cases of vesical tumor, of which all but 7 were submitted to operation. Of the 42 operative cases, the intervention was palliative only in 11, and of this number 5 deaths resulted. There were therefore 31 radical operations for the following: Carcinoma, 9 cases; sarcoma, 2 cases; quasi-benign tumors, 20. Of the 9 cancer patients, 2 died of the operation, 4 soon suffered relapse, and the other three still live in good

health after 9 or more years. One of the two sarcoma patients is also living. Of the 20 patients with quasibenign growths, 9 have died of recurrence and 3 have had relapses treated and still live. Five thers are symptom free, and one said to have relapsed has not been seen. The author likes Squier's operation for bladder tumors, and apparently oudinisation has been used only for certain recurrences when beginning. Radium results are not encouraging, but one excellent result is set down to roentgen rays in controlling recurrence.

Changes in Surgery—Wound Dressings.

Dr. Beverley Robinson, in a communication to the Boston Med. and Surg. Journal, says:

When I was a medical student in Paris, 'way back in the 1860's, Maisonneuve, a great surgeon of the Hotel Dieu Hospital, after an amputation, put a rubber cap around the fresh stump, made a vacuum with a pump and then covered the raw surface with a very thick layer of cotton. In this way, he claimed to get the best obtainable results. Later, we had advanced Listerism and the abundant use of carbolic acid. I remember operations at the New York Hospital, where, during them, the atmosphere was strongly impregnated with carbolic spray and solutions of the acid were always used in wound dressings. Then came the days of bichloride of mercury. For several years this powerful antiseptic and poison was the indispensable agent in all wound treatment. With the passing of bichloride, we had insistence upon free drainage and liberal use of sterilized salt solution. Still later, painting the skin of the patient with tincture of iodine, without preliminary washing, was recognized as a valuable surgcal advance. Even abdominal sections were thus made with relative impunity, and great faith existed as to the worth of this method of local disinfection. Only a short time since, Carrel showed that frequent, or constant, irrigation with a mild detergent solution, is far preferable to the use of powerful antiseptics.

Finally, we have greater insistence than ever before, and especially at the front after a battle, upon free excision of all mutilated parts from shell or shrapnel, followed by sewing up wounds immediately afterwards so as to ward off infection and get union by first intention. In what is truth? Times and customs change. So do treatments surgical. I believe we shall ere long go back to some applications and doings of the old time because they are more nearly correct. A few among us have found out again that a poultice is at times preferable to the ice-bag, and leeches and venesection may save lives now often sacrificed. Alcohol, pure or diluted, was the favorite wound dressing of the famous French surgeon Nelaton in 1865. It was again vaunted by Senn in 1898 during the Spanish-American war as being the best up to date. To me this affirmation still remains true. Not only is it the best wound dressing, it is also the simplest.

Requisites of Conversation. —. In conversation, humor is more than wit, easiness more than knowledge; few desire to learn, or to think they need it; all desre to be pleased, or, if not, to be easy.—Sir William Temple.

County Medical Societies' Reports

County Society Meetings.

Atlantic—Second Friday monthly, except July, August and September. Annual in January.

Bergen—Second Tuesday monthly, except July and August. Annual in October.

Burlington—Second Wednesday in January, April, June and October. Annual in January.

Camden—Second Tuesday in February, May, October and December. Annual in October.

Cape May—First Tuesday in April and October. Annual in October.

Cumberland—First Tuesday in January, April, July and October. Annual in October.

Essex—Annual first Tuesday in October. Other meetings as called.

Gloucester—Third Thursday in March, May, September and November. Annual in January.

Hudson—First Tuesday monthly, except June, July, August and September. Annual in October.

Hunterdon—Fourth Tuesday in April and October. Annual in October.

Mercer—First Tuesday monthly, except July and August. Annual in December.

Middlesex—Third Wednesday monthly, except July and August. Annual in October.

Monmouth—Second Tuesday after Second Monday in June and December. Annual in December.

Morris—Second Tuesday in March, June, September and December. Annual in September.

Ocean—Meets in May and November as called. Annual in November.

Passaic—Second Tuesday monthly, except June, July and August. Annual in May.

Salem—First Wednesday in February, May, and October. Annual in October.

Somerset—Second Thursday in February, April, June, October and December. Annual in October.

Sussex—Annual third Tuesday in October. Other meetings when called.

Unio —Second Wednesday in January, April and October. Annual in October.

Warren—Annual meeting first Tuesday in October. Other meetings when called.

ATLANTIC COUNTY.

David B. Allman, M. D., Acting Reporter.

The regular meeting of the Atlantic County Medical Society was called to order at 8.30 P. M., Friday, December 13th by President Wm. J. Carrington.

The meeting was well attended and the papers were most interesting.

Dr. Thomas McCrae and Dr. Geragarty read papers on "Prostatic Diseases." Dr. McCrae impressed the society with the fact that the symptoms in this disease may be far from the actual disease.

On account of illness, Dr. J. B. Deaver was unable to be present.

Dr. Emery Marvel exhibited a patient with Sarcoma of the Ulna. Photographs, X-ray plates, etc., were shown and the following report was read:

E. C., colored, unmarried female housemaid,

aged 22, exhibits a lump on external surface of wrist. When we first observed this tumor (11-29-18) it was the size of half grape fruit with irregular surface, for most part soft consistency (suggesting fluid), though small areas were hard. The skin was movable over the mass, though the mass was rigid.

History obtained showed the first notice of anything wrong was in Jaunary last, at which time it was but the size of a small walnut. There was but little pain or tenderness. She visited the hospital and consulted the surgeon last January, when an X-ray examination was made. Subsequently X-ray treatments were given—she thinks five treatments. She states that neither the pain nor the lump diminished during this—she thinks the lump increased. Nothing done for treatment since.

Now there has been rapid increase in size during past two months. There is but little pain or tenderness. She continued to use the arm with no greater inconvenience than that the mass hung in the way of dressing, etc. She is now working in hotel kitchen, handling large quantities of china. The tumor is of rather rapid formation, now of cyst-like construction. X-ray plates show conculsively it has primarily involved the bone. We must consider sarcoma in one of its various forms, probably giant cells. Just what shall be done to relieve this girl, protect her against further advance, and provide for her a useful arm is our consideration.

After much discussion as to the proper treatment of the case, business session was held.

Dr. Marvel was appointed chairman of the coming annual meeting of the A. M. A. Committee. The meeting adjourned at 10.30 P. M.

Annual Meeting.

Clara K. Bartlett, M. D., Reporter.

The Atlantic County Medical Society met in the Hotel Chalfonte, Atlantic City, January 10, 1919, with about fifty doctors in attendance.

The following officers were elected for the ensuing year:

President, Dr. Henry T. Harvey, Atlantic City; vice-president, Dr. H. C. Munro, Pleasantiville; secretary and treasurer, Dr. Edward Z. Holt, Atlantic City; reporter, Dr. Clara K. Bartlett, Atlantic City.

Dr. William J. Carrington, the retiring president, occupied the chair. The meeting was followed by a banquet at the Chalfonte.

BERGEN COUNTY.

Ralph S. Cone, M. D., Reporter.

The regular monthly meeting of the Bergen County Medical Society was held in the Union League Club, Hackensack, on January 14th. President Swayze in the chair. 12 members present. The regular rules of business was suspended and the society adjourned to the scientific session, which consisted of an illustrated lecture by Mr. H. R. Heydon, secretary of the New Jersey State Chamber of Commerce, upon the subject of the "Rehabilitation of Cripples."

At the conclusion of the very interesting discourse, a rising vote of thanks was extended to Mr. Heydon, and the meeting adjourned to a short business and social session.

BURLINGTON COUNTY.

H. Eugenia Whitehead, M. D., Reporter.

The eighty-ninth annual meeting of the Burlington County Medical Society was held at the Arcade Hotel, Mt. Holly, Wednesday, January 8th, 1919. About 25 members were present. The regular order of business was transacted, which included the election of officers for the ensuing year, as follows:

President, Stewart R. Maull, Riverside; vice-president, D. H. B. Ulmer, Moorestown; secretary and treasurer, George T. Tracy, Beverly; reporter, H. Eugenia Whitehead, Mt. Holly; censor, Elmer D. Prickett, Mt. Holly; chairman of Section on Medicine, Emma P. Metzer., Riverside; of Section on Surgery, Harold Langsdorf, Mt. Holly; on Gynecology and Pediatrics, Ephraim R. Mulford, Burlington.

Delegates to the State Society, Daniel F. Remer and A. L. Downes, Riverside.

The following delegates were appointed to the county medical societies:

Atlantic, Elmer D. Prickett; Camden, J. Ridgeway Haines; Gloucester, Alexander Marcy Jr.; Salem, Nathan Thorne.

The annual address by the retiring president, Dr. N. W. Newcombe, was on "The Tuberculosis Situation and Tuberculosis Clinic in Burlington County." He said we must consider tuberculosis as one of the most important diseases that we have to face, at this particular time—in view of the fact that we have been in the world war and have just passed through the most severe and fatal epidemic of influenza that our country has ever known. We are sure to have a large number of cases of quiescent tuberculosis lighted up by the hardships of military life, as a result of influenza.

We must watch our pleurisy cases as 70 per cent are more or less of tubercular origin. Blood expectoration should always be considered of tubercular origin unless absolutely proven otherwise. It is well to educate the laity to have an examination two or three times yearly.

Dr. Newcombe advocated open air schools for the well. Why wait until the child has contracted disease?

At New Lisbon we have a well equipped, up-to-date Tuberculosis Hospital for the county, and it is supposed to be a place for education, not merely a place for better care and treatment. We teach others how to care for other members of the family and to prevent infection after their return home. He said it had been his experience that patients returning from tubercular sanatoria have a very different idea regarding treatment and prevention. They sleep with open windows, cover their mouths and noses with handkerchief or paper while coughing and they do not kiss their children and friends.

Undoubtedly every member of the society knows that a Burlington County Anti-Tuberculosis League was organized on April 1st. The secretary will be only too glad to hear from any doctor in the county regarding tuberculosis patients and their needs and will call on them as soon as possible. We have held forty clinics and examined 75 patients. Five patients have been admitted to Glen Gardner from Riverside, Riverton, Burlington and Vincentown.

Society adjourned to meet at Burlington next time.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The regular meeting of the Hudson County Medical Society was held at Carteret Club rooms, Jersey City, January 7, 1919. Dr. John Nevin, president, in the chair. He said that with the demobilization of three million men, it seemed most expedient that some consideration should be given to the prevention of the spread of venereal disease. He referred to the efforts of the Public Health Service in the direction, and introduced Capt J. H. Smith, who in a most interesting talk explained some of the features of the venereal disease campaigns that is being carried on throughout the United States and particularly as it applied to the State of New Jersey. Capt. Wilson also spoke on the topic. We intend to publish shortly the essential points of these talks, feeling that widespread publicity will make for the better co-operation of the medical profession and help in slaying the ravages of a decided menace.

Dr. Wallace Pyle spoke on the influenza epidemic, especially on the eye, ear and nose complications. He said:

The fall months, September, October and November are always the slack ones for the eye and ear man. The children have returned to school in good condition after a summer of outdoor life free from contagion, the grown ups have not had time to catch any of the bad infections of the head so that the advent of the epidemic influenza this year bid fair to give us an extra opportunity for work. As the infection gradually came on us, on its way from Bayonne to Union Hill our practce however gradually dwindled till we felt that our status was at last found out and the public had gone elsewhere. In the height of the disease the writer had practically nothing to do, while his neighbors were working themselves to death and feeling conscious stricken about not doing his full share he made offers of assistance in several directors but no one seemed to want to share work or responsibility and he remained an eye and ear man.

One woman called up my office trying to get any doctor for a sick baby. I told her I was not a general practitioner but a specialist on the eye and ear but would be glad to help her out for the time being. She said she did not think I would do and went her way. Otologists point to the ordinary influenza as being the most prolific cause of acute otitis media and in years gone by if we had had such an epidemic they would have been overworked. For some unaccountable reason the middle ear escaped to a small percentage of one per cent. When we realize the large number of cases of influenza and the intense engorgement of the nasal mucous membrane and that of the accessory sinuses that went with this infection, the middle ear was very fortunate. Most all the cases had an acute congestion of the lining mucous membrane producing a myringitis with a full feeling in the ears and a consequent deafness which was specially relieved by Ag. No. 3 to the pharynx and by moderate inflation. Too vigorous inflation at this time produced an acute otitis media. Several cases I saw had slight earache with bulging of both drums, marked deafness and tinnitus. By an early and free incision and a small amount of serum the patient was relieved and the symptoms soon cleared up. The one criticism of the management of the acute middle ear cases is that the majority were allowed to break instead of having surgical interference and a rapid termination of all symptoms, thereby preserving hearing and averting mastoiditis. In private practice I did not see one mastoid complication, and only two in my services at Christ and the City Hospitals, yet this sequela is still in formation and will continue so as long as there is a middle types, this year it has all seemed to be in the chest. Last winter the ears and their complications were prevalent. Spinal meningitis from the influenza germ is still fresh in the minds of many, while the surgeons have nearly forgotten diagnozing an abdominal type ten years back. Acute tonsillitis with patches were exceedingly common and now and then a peritonsillar abscess made its appearance. One of my worst cases was a retro-pharyngeal abscess in a woman of thirty, undoubtedly secondary to tonsillar infection with a breaking down of the post-pharyngeal glands to form the nidus.

Nasal congestion with its train of symptoms, headache and face ache, watery discharge and mouth breathing were exceedingly common in those cases free from the chest complications. One of our prominent members has repeatedly stated to me that he neevr saw a pneumonia associated with a catarrhal rhinitis and it would be interesting to hear from him later on to see if he still holds to this opinion. The accessory sinuses complications were nearly all of a serous type, few going on to pus formation necessitating prolonged treatment or operation. The dry persistent intractable cough from a trachitis or laryngitis especially prevalent in smokers was one of the hardest things to relieve, especially as it seem to increase in the recumbent posture and drove all thought of sleep away. I don't doubt that some of these cases had a small apiceal congestion escaping recognition or too small to cause a harshness of the breath sounds. Local applications to the pharynx and larynx, inhalations of benzoin camphor, paregoric eucalyptus, counter irritation over the root of the neck, etc., were of no avail in shortening the attack. Creosote carbonate and time were the only measures I found effective. The inability to breathe through the nose deprives the nasal mucous membrane of its function of filtering the atmosphere from dust and keeping the humidity at a definite fixed ratio so that the tonsils have to take up this function and being unable to properly take care of it they rapidly succumb to the acute inflammatory conditions.

MERCER COUNTY.

Charles R. Sista, M. D., Reporter.

The Mercer County Component Medical Society held its regular monthly meeting January 7, 1919.

Dr. Samuel Sicca, the retiring president, gave a very interesting talk on the recent influenza epidemic. A very enthusiastic discussion followed especially regarding the treatment with sero-bacterins, in which the concensus of opinion was that beneficial results followed the use of the bacterins.

The following officers were elected for the ensuing year: President, Irvine F. P. Turner;

vice-president, Dr. Lawrence Rogers; secretary, Dr. Dunbar Hutchinson; treasurer, Dr. Harry R. North; reporter, Dr. Harry D. Williams.

Dr. Williams being absent in the service, it necessitated the appointment of Dr. Charles R. Sista as reporter pro tem.

Drs. Lawrence Rogers and C. R. Sista have recently received honorable discharge from the Medical Corps, U. S. Army.

MIDDLESEX COUNTY

Charles J. Sullivan, M. D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held on Wednesday, January 22, 1919, at the U. S. Base Hospital, Colonia, N. J., on the invitation of Major Fred H. Albee, Surgeon in charge.

There were present Drs. Saulsberry, Donohue, Smith, English, Applegate, Scott, Fraulkingham, Hoffman, Rice, Voorhees, Sullivan, Berger, Klein and Howley of New Brunswick; Forney and Riva of Milltown; Hofer and Lippincott of Metuchen, and Henry and Silk of Perth Amboy. President Forney presided. The regular order of business was dispensed with.

Major Albee did a bone graft on the left ulna, inserting a strip of bone from the tibia of the left leg in the shaft of the ulna. The operation was exceedingly interesting and was performed in Dr. Albee's usual thoroughness and dexterity with a minimum amount of trauma. During the course of the operation the doctor made a few remarks explanatory of the important steps in the technic. He subsequently exhibited and explained the advantages of a new operating table designed by him, particularly for orthopedic surgical cases. The members were then shown a large number of x-ray pictures of fractures before and after operation, showing especially the callous formation about the graft and many excellent re results were observed.

Prof. Ashhurst of Philadelphia, Colonel M. C. of U. S. Army, gave an exceedingly interesting talk on his observations and experiences at the front in France; he highly praised the French surgeons and their work, but at the same time he gave a very large mead of praise to our own American surgeons' work in France.

Capt. Davis of Dallas, Texas, now on duty at the Colonia Hospital, then demonstrated several new appliances for the treatment of nerve injuries of the arm and for obtaining gradual extension and flexion. He introduced an officer of the army whose shoulder had been partially shot away in the war but had wonderfully good results from operations performed.

The society adjourned after a hearty expression of thanks to Major Albee for this unusually interesting and instructive meeting.

MONMOUTH COUNTY.

James E. D. Silcox, M. D., Reporter.

The Monmouth County Medical Society met in Freehold, December 10, 1918.

The following officers were elected for the ensuing year:

President, Robert B. Wilson, Red Bank; vice-president, William M. Hepburn, Freehold; secretary, Henry A. Hendrickson, Atlantic Highlands; treasurer, William A. Robinson, Ocean Grove; reporter, J. Evart D. Silcox, Keyport; censor, Edward M. Beach, West Long Branch.

Dr. Daniel D. Hendrickson, Middletown, was nominated to State Society for Permanent Delegate. Drs. James J. Reed, Seabright, and Harry B. Slocum, Long Branch, were elected annual delegates to the State Society.

Dr. C. C. Gesswein, Matawan, was elected a member of the society.

SUSSEX COUNTY.

H. D. Van Gassbeek, M. D., Reporter.

The past year in Sussex County has been a very strenuous year for the physicians of the county, as we lost four by death and four have been absent in the M. R. C. during the whole year. Commencing in September the influenza reached this county, appearing in a very virulent form at Ogdensburg, Franklin and Hamburg, taxing the capacity of the physicians and people to the utmost to care for the people attacked. It had also been very prevalent, but to a less serious degree, throughout the whole county. In the first mentioned places the mortality was very large owing to the large number of cases complicated with broncho-pneumonia, nearly every case with this complication proving fatal. Those complicated with lobar-pneumonia not proving so fatal. During the prevalence of the epidemic two of our active physicians were confined to their homes being unable to work for some time; this left only about twelve doctors for the whole county. There is still prevalent at this writing a large number of cases, but of a much milder mortality. Only one meeting of our County Society was held this year, that being on Wednesday, December 11, 1918. One new member has been added to our society during the year.

NOTICES OF OTHER MEETINGS.

Health Officials' Meeting.

The annual conference of state and local health officials was held at the State House, Trenton, January 24th and 25th. Dr. B. S. Pollak of Hudson County Tuberculosis Hospital discussed the tuberculosis problem during the reconstruction period. Major M. J. Synnott, M. C., U. S. A., presented observations on the recent influenza epidemic at Camp Dix. Dr. Julius Levy, Newark, outlined the state child hygiene program and Dr. C. R. North of New York read a paper on "Safe Milk."

The State Health Officers' Association held its annual session Saturday morning. Following the address of the president, Dr. C. V. Craster, health officer of Newark, J. H. Smith Jr., passed assistant surgeon of the United States Public Health Service, outlined the program for the control of social diseases in New Jersey.

New Jersey Mosquito Extermination Association

The sixth annual meeting of this Association will be held in the Chalfonte Hotel, Atlantic City, February 6 and 7, 1919. An excellent program has been issued. A copy came just as the Journal is ready for the press. Robert F. Engle, Beach Haven, is president, and Thomas J. Headlee, New Brunswick, secretary-treasurer.

Shore Health Congress.

Plans for a public health convention to be held in Atlantic City in June in conjunction with the annual meeting of the American Medical Association were outlined by a committee of New Jersey officials held in that city January 23rd.

Academy of Medicine of Northern New Jersey.

The stated meeting of the Academy will be held on Wednesday, February 19th at 8.45 P. M.

After the routine business, including the election of a trustee and of members, papers will be presented in a Symposium on Influenza, as follows:

History: by Edward J. Ill, M. D.; Epidemiology, Charles V. Craster, M. D.; Bacteriology: R. N. Connolly, M. D.; Pathology: John W. Gray, M. D.; Clinical Aspect: J. H. Rosencrans, M. D.; Treatment: William Petry, M. D.; Sequelae: W. F. Keim, M. D.

The Section on Obstetrics, Gynecology and Surgery, under the auspices of the Section on Obstetrics and Gynecology will be held February 25, at 8.45 P. M. After routine business, cases will be reported and a paper will be read entitled "Remarks on Injuries of the Pelvic Floor, Including Moving Pictures of an Operation for a Complete Perineal Laceration," by Edward J. Ill, M. D.

All meetings are held in the Board of Health auditorium, corner of Plane and William streets, Newark.

Health Sunday, February 9.

Surgeon-General Rupert Blue of the Public Health Service, has designated February 9 as Health Sunday and has issued a request to ministers throughout the country to preach sermons on that day emphasizing the responsibility of the nation to protect returning soldiers and sailors and the communities at large and to take vigorous measures for combating social diseases. A proclamation has been issued by the surgeon-general and he has asked that it be read from the pulpits on that day.

The proclamation states that the government is asking the churches of the country to take an active part in meeting a great national emergency and that the war made it necessary, for the nation to face frankly and courageously the menace of the blood diseases. Now that the period of demobilization has begun, it states, drastic measures must be taken to prevent those conditions in civilian life which made these diseases the greatest cause of disability in the army. Dr. Blue states that in the army and navy, educational programs are outlined to protect the men and that the fight must be continued just as vigorously in the cities.

Deaths of Physicians in 1918.

The A. M. A. Journal, in an editorial in its January 4th issue, gives the number of deaths of physicians in the United States and Canada, as noted in the Journal in 1918, as 2,616, showing a death rate of 16.88 per thousand, estimating the number at 155,000. The average mortality rates for the 16 previous years was 15.61 per 1,000. The Journal says:

"The most notable factor in the deaths of the year is the enormous increase in deaths from pneumonia, and especially from those from pneumonia following influenza. During the years from 1902 to 1917, inclusive, the percentage of deaths from pneumonia to the total deaths varied from 5.62, the low mark, in 1914, to 9.47, the high mark, in 1916. With the opening of the year 1918, however, there was an increase in the deaths from pneumonia, so that for the first nine months of the year the percentage was 12.5. The enormous increase occurred in the last three months of the year, which brought the percentage of deaths from pneumonia and influenza for 1918 up to 30.69, an unprecedented mortality."

During 1918 there were 994 Fellows of the A. M. A. who died.

Average Mental Ability.—Go into any court of law and hear a dozen witnesses describe the same event. You will become convneced that the average person cannot see nor hear more than one half straight, and cannot draw a conclusion from what he sees or hears more than 25 per cent. straight.—E. P. Lyon.

The Lacteal Goddess.—If civilized peoples were to lapse into the worship of animals, the cow would certainly be their chosen goddess. What a fountain of blessing is the cow! She is the mother of beef, the source of butter, the original cause of cheese, to say nothing of shoehorns, hair combs and upper leathers. A gentle, amiable, ever-yeilding creature, who has no joy in her family affairs that she does not share with man. We rob her of her children, that we may rob her thereafter of her milk; and we only care for her when the robbery may be perpetrated.—Charles Dickens.

Brookline Doctors Raise Fees.—The Brookline Medical Club has voted to increase the fees of its members for house and office visits at least one dollar above the previous charge. The fee for a visit between 10 P. M. and 8 A. M. is increased to from $5 to $15. For a visit between 7 P. M. and 10 P. M. the fee is now $4 to $6. A visit in consultation is from $10 to $25 instead of $10 to $20. Instead of a "suitable charge" for advice by telephone the fee for such service is definitely from $1 to $2. For advice by letter a fee of from $2 to $15 may be charged.

Productive science is being plumbed to its depths for the supply of substances and compounds that are required per se, or to be substituted for those that have well-nigh disappeared. The demands of war upon certain classes of substances are stupendous and spell exhaustion in some directions. Chemists have succeeded in producing protein foodstuffs by the fermentation of solutions of ammonium sulphate and sugar, by the agency of yeast. Another noteworthy achievement is the production of glycerin from camp-waste. Very considerable quantities of this commodity have been recovered from waste fats and bones. It has been estimated that 14 lbs. of household bones will yield enough glycerin to provide the propellant charge of one 18-pounder shell, and the quantity of glycerin recovered up-to-date is well over one thousand tons. When peaceful times arrive again they should witness the cheapening of glycerin and several other medicinal substances, as the outcome of necessitous war-time research.—Pharmacal Advance.

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Each member of the State Society is entitled to receive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if.—
All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to The Editor.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal are sent direct to The Chairman of the Publication Committee.

LEST WE FORGET.

THE DEATH TOLL AMONG PHYSICIANS HAS BEEN VERY HEAVY DURING THE PAST FEW MONTHS. LET US KEEP OUR LIFE INSURANCE POLICIES PAID UP. THEN THERE ARE OUR DUES TO THE COUNTY AND STATE SOCIETIES WHICH BECAME DUE THE FIRST OF JANUARY. WE WANT TO BE IN GOOD STANDING IN THE STATE SOCIETY AND ENTITLED TO ITS MEDICAL DEFENSE FUND. IF ANY OF US HAVE NOT ALREADY PAID OUR 1919 DUES LET US SEND OUR CHECK AT ONCE TO OUR COUNTY TREASURER, THEREBY SAVING HIM THE NECESSITY OF SENDING US REPEATED NOTICES. PROMPT PAYMENT WILL ALSO SAVE US THE HUMILIATION OF LETTERS FROM THE AMERICAN MEDICAL ASSOCIATION ASKING ABOUT OUR MEMBERS' STANDING IN THE MEDICAL ORGANIZATION.

IMPERATIVE NEED!

When treasurers of county medical societies send in their checks to Dr. Mercer, Treasurer, for the dues of members, it is very important that they should also send the names and addresses of the members, who have paid their dues. Otherwise we do not know who have paid dues and who have not paid. We do not know, especially in cases of new members, where to direct their Journals. New members frequently write to know why they have not received their journals. The reason is that their names were not sent with their dues and sometimes neither names nor address were sent.

It is also desirable that immediately after the annual meeting of the component societies a report of the officers elected be sent to Recording Secretary Chandler, so that the list of presidents, secretaries and reporters (published each month on the next to the last page of the Journal) may be kept revised to date.

It is our expectation to issue the annual lists of members in good standing *with our March issue.* This is earlier than usual and it will be necessary for both secretaries and treasurers to follow up the delinquents and collect their dues by February 15th and forward them at once to Dr. Mercer, so that their names may appear in the printed list. Delay in the payment of dues is generally due to negligence, and if members wish their names to appear in the lists with the other members in good standing they must send their dues to their county treasurers *at once.*

The names of all members who are or have been in the service of the United States should be designated by a mark so that we may know whom to place on the Honor Roll of our Society.

We hope to have a considerable increase in the number of members. We certainly expect (although the list is printed five months earlier) to have the list at least as large as it was last year. Attention to the prompt payment of dues will insure this result.—W. J. C.

SOCIETY'S HONOR ROLL.

We insert this month our Society's Honor Roll fully conscious of the fact that it is imperfect—some names undoubtedly have been omitted and possibly a few that have been inserted that should not have been, the latter because we were uncertain as to whether, after passing examination and receiving their commissions, they failed to accept because of illness or other reasons.

Desiring to have the Roll as accurate as possible for our annual meeting, we requst immediate notification—sent to the Editor—as to any errors and also that we be informed of the position held by each member on the Roll above that of lieuten-

ant, as otherwise all will be regarded as lieutenants. We desire also the names of all who died while in service or after the close of the war; also of those who were *honorably discharged* before the close of the war.

NEW JERSEY IN THE WAR.

Every true Jerseyman has abundant cause for pride in the record New Jersey has made in the exhibition of practical patriotism during the World War. It early furnished more than its quota of soldiers; it went "over the top" in all the Liberty Bond and War Stamp campaigns and in subscriptions for the Red Cross and other benevolent relief work. The splendid work of Camps Dix, Raritan and Merritt, the Cape May Naval Station, and of the General Hospitals: No. 3 at Colonia, No. 9 at Lakewood and No. 11 at Cape May, has not been excelled, if equalled, by that of any other State in the Union, and these camps and hospitals exceeded in number those of other States, especially if we count the size and population of the States.

Surely the members of the medical profession have occasion for pride in the record the profession of the State has made for patriotism. Nearly 30 per cent. of the members of our State Society in the M. R. C. and over 30 per cent. if those members are counted who performed long and laborious work on the County Advisory Boards. About 25 per cent. of the physicians of the State in and outside of the State Society were in the M. R. C. A remarkable record when we consider the number of doctors over the age limit, the number physically or otherwise disabled and of those who were compelled to remain in the home field because of the absolute requirement for hospital or other imperative civic needs.

It was the Editor's great pleasure to visit General Hospital No. 3 at Colonia, N. J., last month and witness an operation by one he esteems it an honor to know as a friend and who is recognized at home and abroad as the expert leader in bone graft surgery—Major Fred H. Albee, M. D. We were impressed by his perfect technique, dexterity and successful results, and his remarks concerning bone surgery. We were also glad to have him exhibit and explain the working of the new fracture-orthopedic operating table he had invented; it is certainly a table of many adjustments and advantages calculated to meet every need in an operating table. It added much to the pleasure of our said visit to know that Major Albee is a resident of New Jersey and a member of the Medical Society of New Jersey.

OUR RECONSTRUCTION PROBLEM.

Our reconstruction problem as it applies to the returning of more than 30,000 military physicians to civilian life is again not a problem of magnitude. The physician before he went to war was, in most instances, a man of home and family, and in most instances home, family, his professional confreres and the community wait to welcome him with honors. However, our reconstruction problem as it concerns the relation of the physician to the great social problems that are to arise "after the war," is a problem of magnitude. One's senses are startled by phrases in the modern writings on social and economic subjects. One hears of "equalization of rick and return," of "conscription of wealth," of "health insurance," of "national ownership," of "state medicine," of a "league of nations," "international medical alliances," and similar conceptions. With these, and as a part of these, will be new problems of the relation of physicians to each other and to the public. Physicians will have as much influence as any other class in the weaving of the new social fabric. It is well to realize this and to appreciate the need of closer knitting together of the profession itself—of stronger organization—so that we may face these problems with the strength of many minds united. Thus the medical profession may be able, not only to secure the rights and recognition it merits, but also to have that real influence necessary for the best interests of the public health in the new order of things. The medical profession has served, it serves and it will continue to serve when called on, but in its altruism must not forget that the profession will have to guard its own rights and prerogatives if they are to be guarded at all. A. M. A. J.

SOCIAL INSURANCE LEGISLATION.

We take the following from an address delivered at the 72nd annual meeting of the Wisconsin State Medical Society.—Editor.

"On December 21, 1916, the West Side Branch of the Chicago Medical Society presented a program on 'Social Insurance Legislation.' Nine speakers participated in the discussion. Five were definitely in favor of compulsory health insurance, three expressed the opinion that it was bound to come and the best thing to do for the medical profes-

sion was to get the best terms they could. Of the nine speakers, the author of the above was the only one who opposed compulsory health insurance, and expressed his views more fully on the subject in a paper read before the North Side Branch of the Chicago Medical Society on January 12th, 1917, under the title 'Some Objections to Health Insurance Legislation,' published in the February, 1917, issue of the Illinois Medical Journal and simultaneously in the 'Insurance Age.' This hastily written article had the desired effect. The medical profession of Illinois began to study the matter and when thinking men with practical experience begin seriously to investigate this subject and check it up with their own practical experience, they usually come to the conclusion that C. H. I. would be a serious mistake. This is illustrated by the actions taken by the Council of the Chicago Medical Society and the House of Delegates of the Illinois State Medical Society when they both went on record unanimously condemning C. H. I."

Careful study of this question of compulsory Health Insurance will lead, not only every intelligent physician but also every intelligent well-wisher of the so-called working classes to condemn the legislation that has been hitherto suggested. That some form of health insurance will ultimately be adopted seems probable, but in formulating the methods, the medical profession should not be ignored, because physicians are the most competent to deal with all questions involving health conditions, and also because they have always sought the physical welfare of humanity as vastly more important than the financial welfare of the medical profession. We do need, however, to consider the young men who will hereafter enter the profession. Dr. Ochsner of Chicago, in a recent address, very pertinently said: "Another 10, 15, 20 years, and most of us who are here today will be out of the practice of medicine. It is all over in the twinkle of an eye. But I should like the young men of the next generation to have the same chance I had. If I would have had to pay $25 a year out of my pocket for compulsory health insurance, which I did not need, I would not have been able to get my education. Gentlemen, it would have prohibited me from getting my education. I worked for $17.50 on the farm from 5 o'clock in the morning until 9 o'clock at night to get my education. If I had been compelled by law to pay $25 annually into the state treasury, I would have considered it legalized robbery, and I would consider it robbery today. I want the future young man of the common people to have the same chance to get ahead and get his education that I had. And, Gentlemen, after all is said and done, the poor men's sons are the ones who have made medical progress in the world, and not the man who got his medical education with silver spoons."

POST BELLUM BOYCOTT.

It is quite evident even at this time, with the end of the war apparently far distant, that there will be a vigorous commercial warfare waged against the central powers for many years to come. This commercial fight will no doubt, be waged by several countries and many lines of manufactured products will be represented in the boycott.

The medical profession is not slow to anticipate their part in the fight and the Iowa State Medical Society at Fort Dodge last month, by an official vote of the society, pledged themselves not to buy goods of known German manufacture for fifty years after peace has been declared. Other medical and surgical associations in the United States are taking similar action so it is probable that German instruments have been more popular in the past than they will be in the future. It is likely that all of the allied countries will take the same action so this will be one of the problems Germany will have to solve when she gathers up the fragments of her defeated armies, ceases to dream of world domination and once more takes up peaceful pursuits.—Western Medical Review.

It is reported that some doctors have been released from military service because of pro-German sympathies. If the report is true the matter has been handled by the military authorities altogether too leniently. There is a crying need in this country for drastic punishment of all those who give aid or comfort to the enemy. Just why traitors should not be backed up against a wall and shot is hard for the average patriotic American to understand, and yet so far as we know little or no punishment has been meted out to many who deserve to give life as a price for perfidy. We boast that America is "the land of the free, and the home of the brave," but we long have believed that America is altogether too free and that our boasted bravery is oftentimes superficial. Freedom does not mean that our people are licensed to do anything that pleases them, whether it is in the best interests of society

or not. Lack of respect for authority is the rock upon which America will be wrecked unless we soon begin to punish those who seemingly consider themselves immune to those restrictions which are necessary for the protection of society. In a time like the present, when the country's life is at stake, there should be no tendency to deal leniently with disloyalists or lawbreakers of any description. Every man and woman is either for or against the country. There can be no straddling of the issues. If against the country, then let us inflict the punishment that an enemy deserves.—Indiana State Med. Jour.

REPETITION AND REITERATION.

Don't complain if from time to time you see on this page or in the publication of your county society the "same old stuff" about prompt payment of dues, bringing in new members, duties to county and state societies, etc. They really are not intended for your eyes, for of course you are prompt and devoted in all your obligations as mentioned above. And as always the willing horse must do more and more work, so we secretaries hope that you will forgive the monotony of these repetitions and accept a new task, namely, that of conveying by word of mouth these messages to the ears of our members whose eyes rarely, if ever, behold the handiwork of our pens. We know that 20 per cent. of our members never open these publications, and that a much larger percentage, having opened and read, promptly forget. So you, having perused these references to the bitter end, are again importuned to increase the interest in all topics vital to organized medicine and to realize our justification in "harping away" on such dull lines.—Penn Med. Jour.

The California State Journal, July issue, says: Did you ever stop to consider what a large and definite number of votes the doctor can influence and often direct at the primaries and elections? It might be worth while for each individual doctor to exercise a little more conscious care in the suggestions and opinions he gives among his friends and patients as to candidates and measures up for election. Even the hardened politician is finding it much to his interest to support men and measures which will receive the active support of the doctors.

As our Legislature is now in session we should realize that the influence of the doctor is also potent with the legislator when rightly used.

The man is to be pitied—especially if he is a doctor—who is always looking out for his own interests, comfort or happiness, regardless of others or of his profession's and humanity's welfare. *Ought such a person to be called a* MAN? Such so-called men are largely responsible for the existence of quacks and fakers, for the continuance of illegal druggists' prescribing, the use of nostrums and patent medicines and the enactment of social health insurance and other laws which are damaging alike to the medical profession and the public.

"Vere scire est per causas scire—To know truly is to know through causes—and he is the scientific physician or surgeon who seeks and determines causes; for only when the cause is deduced can treatment be rational."—(Adami.)

The Editor, with profound sorrow, announces as the Journal goes to press, the death of his valued friend, Dr. Henry Mitchell, ex-president of the State Society, at his summer home in Datona, Florida.

CORRESPONDENCE.

We take the liberty of giving this letter to our readers as we are all deeply interested in the good work our members have done in war service.—Editor.

My dear Dr. English:

I am to-day home again after a service of 17 months in the U. S. Navy, and I tell you it seems mighty good to be under my own roof again, for I have seen some strenuous service while having Uncle Sam for a boss.

Had been in charge of the laboratory of the New York Naval Hospital from Sept., 1917, to March, 1918, and then was transferred to the Naval Training Station at Hampton Roads, Va., where I was in charge of the Sanitary Division and when I left that post I was told that it was in an excellent condition from a hygienic standpoint. On August, 1918, was transferred to the laboratory of the U. S. Naval Hospital at Hampton Roads, Va., and have been there to date, with certain other duties at times in that vicinity of which I cannot speak. Sufficient to say I saw considerable activity during the visit of the German submarines off the Virginia Capes last year, and came very near paying the big price for my country.

A great satisfaction was receiving your Journal while away and it certainly aided in keeping off attacks of nostalgia to read in its columns of your activities in dear old Jersey.

Yours sincerely,

GEO. E. McLAUGHLIN,
Senior Lieutenant, M. C.
U. S. Navy.

January 8, 1919.

BUREAU OF VENEREAL DISEASE CONTROL,

STATE DEPARTMENT OF HEALTH. . .

What is Asked of the Medical Profession.

1. Endeavor always to employ laboratory means of diagnosis for venereal diseases. The State laboratory is at the disposal of all physicians, free of charge and all means of collecting specimens will be supplied upon request.

2. Employ a standard treatment, preferably that recommended as standard for the Army and Navy.

3. Assist Bureau of Venereal Disease Control as follows: (a) Comply with State laws governing venereal diseases and especially regarding reporting of same. (b) Distribute literature to patients which may be had upon request to this bureau. (c) Use influence throughout community for arousing public sentiment against these diseases in an effort to control same. (d) Endeavor where possible to discover sources of infection and strive to have such infected persons treated. (e) Impress upon patients the seriousness of their disease and what they should do to protect themselves and other. (f) Institute measures for control of individuals suffering from venereal diseases, who are, through their actions, a menance to the public health.

The Bureau of Venereal Disease Control is at the service of the profession and is ready and willing to lend any possible assistance. **Free Venereal Disease Clinics,** working in cooperation with this department, have been established in important centers, and any information regarding same will be gladly furnished from the office, 119 West State street, Trenton.

Miscellaneous Items.

Preventable Blindness Work in New Jersey and in France.

Since July, 1918, the Board of Managers of the New Jersey State Commission for the Blind has followed up 44 cases of preventable blindness.

This State is represented in France in the the work for blinded soldiers by Walter E. Baker, a blind man. Mr. Baker graduated from Columbia in 1912. He later took up electrical work at the Crocker-Wheeler Factory, and accompanied Dr. Wheeler to France as demonstrator and instructor of this work for the blind, where he is now active in one of the hospitals for the re-education of American soldiers blinded in war.

Diagnostic Pitfalls.

"Acute gastritis" is a rare disease in adults As a rule appendicitis or gallstones is the correct diagnosis.

"Chronic indigestion" is usually a mistaken diagnosis, the actual condition being peptic ulcer, pulmonary tuberculosis, constipation or cancer of the colon.

"Bronchitis" usually proves to be phthisis, bronchiectasis or broncho-pneumonia at autopsy or in the outcome.

"Asthma" beginning after middle life is usually a symptom of cardiac or renal disease.

"Rheumatism" has sometimes turned out in my experience to mean: aortic aneurysm, cancer of the pleura, tabes dorsalis, esteomyelitis, spondylitis deformans, bone tuberculosis, syphilitic periostitis, lead-poisoning, morphine habit, alcoholic neuritis, trichiniasis and gonorrheal infection. "Rheumatism" is one of the most dangerous of all diagnoses of the conscientious physician.

"Cystitis" is usually a symptom, not a disease. It points to disease below the bladder (stricture, obstructing prostate, etc.) or above it (renal tuberculosis and other renal infections) as the cause.

"Hemorrhoids" often mask cancer of the rectum.

"Unresolved pneumonia" is frequently a mistaken diagnosis, the real disease being lobar empyema.

"Malaria" is often given as the diagnosis in cases of phthisis, hepatic syphilis, hepatic abscess and urinary infections.

"Typhoid fever" in a patient's history may mean tuberculosis or latent sepsis (septic endorcarditis, suppurative nephritis, etc.

—Delaware State Med. Jour.

Pediatric Nevers.

Never give a child a dose of medicine without a clear and definite indication.

Never forget that the most reliable antipyretic measure for infants is the use of cold.

Never employ quinin for the reduction of temperature in children, except in cases of malaria.

Never fail to first clear the mouth and pharynx of mucus in all cases of asphyxia.

Never forget that nothing so well indicates that a child is thriving as an increase in weight.

Never forget that woman's milk is the ideal infant food.

Never fail to insist that the mother train the child to regular nursing habits.

Never experiment too long with unsatisfactory mother's milk; if it cannot be made to agree with the child in two or three weeks, get a wet nurse or start artificial feeding.

Never make a diagnosis of poliomyelitis or rheumatism or malignant disease in a child until you have ruled out infantile scurvy.

Never fail to impress on the parents of a choreic that the general management of the case is as important as the administration of drugs.

Never hesitate to say that whooping cough is one of the most contagious and dangerous diseases known.

Never forget that severe and fatal nephritis may follow a mild case of scarlet fever.

Never make a child with measles swelter under thick covering; light covering should be used during the entire febrile period.

Never neglect to give a daily warm bath to a child as soon as the rash of measles has subsided; follow by inunctions, to facilitate desquamation and prevent the dissemination of the fine scales.

Never constrict the child's limb in any way after it has been vaccinated.

Never neglect to examine a child for diabetes if polyuria is present.

Never confuse empyema with unresolved pneumonia, pleuro-pneumonia or tuberculosis.

Never make light of an attack of bronchitis in an infant; every such attack should be regarded as a possible precursor of pneumonia.

Never regard a case of whooping cough as over until you are sure that all dangers from broncho-pneumonia are past.

Never make a diagnosis of scarlet fever from the eruption alone, as a great many skin eruptions resemble it.

Never forget that the greatest danger in measles arises from pulmonary complications, and the frequency is greatest in children under 2 years of age.

Never neglect the ears in scarlet fever because there is no pain or tenderness; otitis may develop without these symptoms.—Med. Rev. of Reviews.

The Most Beautiful Book—By a Doctor.

The most beautiful book in the world was written by a doctor. The medical profession deserves our gratitude for its untiring efforts on behalf of humanity, and it is greatly to its honor and renown that the man who wrote this famous book was a practicing physician.

He lived in a considerable city, quaint and interesting, yet full of life and activity. A river flowed through it, and back of it there rose a fine range of hills. Our doctor was an observant man, fond of nature and with a keen and ready mind; he enjoyed his life, and was able to take in and appreciate the beauty of his surroundings. He was deeply interested in his fellow men, and, as he went in and out among them, he had many thoughts and formed many plans for their comfort and their happiness. He saw things that should be remedied, and he saw, as he believed, the way in which wrongs might be righted and men be brought to live in health and peace and beneficence. Like most other thinkers he was ahead of his time. He was inclined to communism as a panacea for the ills that afflict the human race, and we all know that communism is only an ideal and will never come into practical operation until we have a perfect society.

He was converted in middle life, and earnestly set out to live the true Christian life. * * *

The doctor is one of the best friends of the Christian world to-day. His name was Luke; he was an inhabitant of Antioch in Syria, where the disciples were first called Christians; he became the beloved friend and helper of the great evangelist, Paul the Apostle.

The first book that he wrote was called "The Gospel," and the second was called "The Acts." The first of these is the most beautiful book in the world; this is what Ernest Renan, who is an excellent judge, calls it, and I think we must all agree with the eminent skeptic. It will repay us to sit down and read the book through, that we may get the sentiment of it and the essence of it into our lives. There are many reasons why it deserves to be called the most beautiful book in the world, but I shall only mention three:

First, because of its literary beauty. There is something pleasant and uplifting in literary beauty. * * * Second, because of its human interest. It gives us pictures of men and women and things as they really are. As we read we seem to live in the midst of these people. * * * Third, because of its universality. This book is for the cosmopolitan. It is written by a friend of all the world, a man who declines to call himself by the name of any country, because he loves all mankind, and has a message for all mankind. * * *

—Rev. Dr. M. F. Johnston

The Significance to Medicine of the Creation of a Hebrew University at Jerusalem.

The recent laying of the foundation stone of a Hebrew University at Jerusalem reveals the true spirit of the Jewish people. From the earliest times it has been considered by Jews to be a sin to live in a town in which there was no school, and now the provision, amidst the clash of arms, of means for higher education in the "place in the sun," which the British Government has promised to restore to them, expresses in the most emphatic manner the high value that the Jews continue to attach to intellectual and moral development.

Since antiquity the healing art has specially appealed to the Jew. In Talmudic times, although there was no indigenous school of Jewish medicine, enthusiasm for medical lore was great, partly because such knowledge was daily required for the elucidation of ritual observance. The administration of the dietary laws, for instance, demanded a thorough knowledge of morbid anatomy and pathology to be able to recognize post mortem whether an animal that was killed for food had previously suffered from disease likely to shorten its life, and thus render it t'repha or unfit for human consumption. The ancient Jewish Court of Justice often employed the services of a medical assessor in matters of medico-legal importance. Although much of the medical knowledge of the Talmudic period was imbibed by the Jews from their Roman and Greek contemporaries, yet there can be no doubt that they contributed a great deal to all the branches of medical science, for their opinions were often opposed to those of the Greek and Roman physicians.

In early post-Talmudic times—i. e., about the fifth or sixth centuries—laws were promulgated forbidding Jews to practice medicine, but in the seventh century the Arabian medical schools contained many Jewish students and teachers. In Egypt and Northern Africa most of the court physicians between the sixth and the fourteenth centuries were Jews. In modern and recent times the number of Jews who have distinguished themselves in medicine (either as practitioners or as investigators) and cognate sciences all over the world is out of all proportion to their population. The recital of such names as Henle, Remak, Cohnheim, Cohnstein, Zunz, Hermann, Hirsch, Romberg, Weigert, Weichselbaum, Ehrlich, Frankel, Neisser, Wassermann, Senator, Israel, and Baginski is sufficient confirmation of the statement that German medicine is to a large extent Jewish medicine. In the United States the names of Flexner, Jacques Loeb, Rosenau, and Solis-Cohen stand out preeminently; Italy with such men as Lombroso and Otolonghi; and even Russian medicine has had famous Hebrew names, although until the Revolution Jews were practically debarred from entering the universities.—The Lancet.

Honor Roll of The Medical Society of New Jersey

PRELIMINARY LIST OF MEMBERS IN THE COUNTRY'S SERVICE DURING THE WAR, PREPARATORY TO THE MORE ACCURATE LIST TO BE PRESENTED AT THE ANNUAL MEETING OF THE SOCIETY IN JUNE

ATLANTIC COUNTY.

Allman, David B.....Atlantic City
Alsop, Thomas .....Atlantic City
Berner, David A.....Atlantic City
Bew, Richard .....Atlantic City
Bossert, Charles L.....Atlantic City
Canning, Charles H.....Atlantic City
Charlton, Claude C.....Atlantic City
Clark, Worth .....Atlantic City
Clement, Edward B.....Atlantic City
Corson, Filbert R.....Atlantic City
Davis, W. Price.....Atlantic City
Guion, Edward.....Atlantic City
Harley, Halvor L.....Pleasantville
Hickman, Walter A.....Princeton
Marvel, Philip .....Atlantic City
Pennington, George C.....Atlantic City
Joy, J. Addison .....Atlantic City
Quinn, Norman J.....Atlantic City
Senseman, Theodore .....Atlantic City
Shivers, Charles H. D.....Atlantic City
Stern, Samuel .....Atlantic City
Uzzle,, E. C.....Atlantic City
Weiner, Samuel E.....Atlantic City
Wescoat, Absalom S.....Atlantic City
Williams, Gurney .....Atlantic City

BERGEN COUNTY.

Brundage, Philip E.....Grantwood
Denig, Ralph D.....Hackensack
Edwards, James B.....Leonia
Essertier, Edward P.....Hackensack
Fagone, Peter G.....Hackensack
Finke, George W.....Hackensack
Freeland, Frank .....Maywood
Garrett, Harry S.....Park Ridge
Garrison, Norman S.....Rutherford
McDannald, William S.....Tenafly
McDonald, Harry G.....Hackensack
McKinlay, Charles M.....Leonia
O'Brien, Paul .....East Rutherford
Reynolds, Earl C.....Rutherford
Ruch, Valentine, Jr.....Englewood
Sullivan, Michael J.....Englewood
Teeter, John N. .....Englewood
Vandewater, Samuel A.....Oradell
Vroom, William L.....Ridgewood
Wyckoff, James T.....Leonia

BURLINGTON COUNTY.

Conroy, John S.....Burlington
Hunter, Edward R.....Delanco
Hollingshead, Lyman B.....Pemberton
*MacFarland, James .....Burlington
Peace, Elber P.....Florence
Wintersteen, J. Boone .....Moorestown

CAMDEN COUNTY.

Davis, Albert B.....Camden
Ewing, Leslie H.....Berlin
Haley, John J.....Gloucester City
Kirk, Grant E.....Camden
Lewis, Thomas K.....Camden
Lyon, Leslie C.....Magnolia
Marcy, Frederick W.....Camden
Marcy, John W.....Merchantville
Reader, Addison B. G.....Camden
Rogers, Edward B.....Collingswood

CAPE MAY COUNTY.

Dix, J. Morgan .....Cape May C. H.
Douglass, John S.....Cape May C. H.
Draper, Edgar A.....Cape May
Knowles, James S.....Tuckahoe
Marcy, Virgil M. D.....Cape May
Mayhew, S. Dixon .....Wildwood
Smith, Theron, ...Sea Isle City
Tomlin, H. Hurlbut .....Wildwood
Washburn, P. C.....Cape May C. H.
Way, Clarence W. .....Dennisville

CUMBERLAND COUNTY.

Charlesworth, Irving E.....Bridgeton
Charlesworth, Ralph .....Millville
Cornwell, W. Leslie .....Bridgeton
Corson, Elton S.....Bridgeton
Glendon, Walter P.....Bridgeton
Gray, Charles M.....Vineland
Hatch, Leonard F.....Vineland
Mayhew, Charles H.....Millville
Sewell, Millard F.....Bridgeton
Spence, George, ...Leesburg
Webb, Henry P.....Deerfield
Winslow, John H.....Vineland

ESSEX COUNTY.

Adams, John K. .....Orange
Albee, George C.....South Orange
Alexander, Walter G. .....Orange
Areson, William H.....Upper Montclair
Alling, Frederick A.....Newark
Asher, Maurice .....Newark
Avidan, Morris S.....Newark
Baldwin, Aaron G.....East Orange
Bangert, George S.....East Orange
Belott, Joseph .....Newark
Benton, Nelson K.....Newark
Bernardinelli, Carmine G.....Newark
Blackburne, George .....Newark
Boyle, Thomas P.....Newark
Brown, James S.....Montclair
Buerman, William .....Newark
Burne, John J.....Newark
Bush, Archer C.....Verona
Butler, Eustance C.....Caldwell
Buvinger, Charles W.....East Orange
Carman, Fletcher F.....Montclair
Casale, John B.....Newark
Coghlan, Jasepr B.....Newark
Conlon, Philip J.....Newark
Cook, Hugh F.....Newark
Cox, William W.....Montclair
Curtis, Elbert W.....Newark
Dane, Charles M.....South Orange
Dane, John M.....South Orange
Davies George W.....Verona
Davis, Lester R.....Newark
Decker, Clinton L.....Newark
Derivaue, John A.....Newark
Dodd, Samuel W.....Montclair
Dowd, Ambrose F.....Newark
Eagleton, Wells P.....Newark
Emory, George B.....Newark
English, John T.....Newark
Epstein, Harry B.....Newark
Ewing, Harvey M.....Montclair

Farden, Joseph L. . . . . Irvington
Federman, Philip H. . . . . Newark
Fewsmith, Joseph L. . . . . Newark
Fitzpatrick, Edward F. . . . . Newark
Flower, Morris A. . . . . Newark
Fort, J. Irving . . . . . Newark
Foster, W. Story . . . . . Newark
Furman, Benjamin A. . . . . Newark
Gale, George B. . . . . Newark
Gauch, William . . . . . Newark
Gennell, Ernest . . . . . Newark
Gilbert, Harry J. . . . . Newark
Golann, D. Leonard . . . . . Newark
Griffiths, Chauncy B. . . . . Newark
Hagerty, John F. . . . . Newark
Hailperin, Clement J. . . . . Newark
Hanan, James T. . . . . Montclair
Harden, Albert S. . . . . Newark
Harhen, George E. . . . . Newark
Harvey, Thomas W., Jr. . . . . Orange
Hausling, Francis R. . . . . Newark
Hewson, James S. . . . . Newark
Hirschberg, Samuel . . . . . Newark
Holler, Henry G. . . . . Newark
Horsford, Frederick C. . . . . Newark
Hubbard, Fayette E. . . . . Montclair
Hunt, Ralph H. . . . . East Orange
Hurff, J. Wallace . . . . . Newark
Ill, Edgar A. . . . . Newark
Janifer, Clarence S., Jr. . . . . Newark
Jedel, Meyer . . . . . Newark
Kaufman, Ignatz . . . . . Newark
Kraker, David A. . . . . Newark
Lippincott, Jess D. . . . . Newark
Livingston, Paul . . . . . East Orange
Lockwood, Frank W. . . . . East Orange
Lowy, Otto . . . . . Newark
Lowrey, James H. . . . . Newark
McBride, Hesser G. . . . . Newark
McCabe, Thomas S. . . . . Newark
MacDonald, Joseph, Jr. . . . . East Orange
Mancusi-Ungaro, Elviro . . . . . Newark
Martine, Frank L. . . . . Newark
Martland, Harrison S. . . . . Newark
Matheke, Otto G. . . . . Newark
Matthews, Henry E. . . . . Orange
Meeker, John L. . . . . Newark
Minard, E. Leroy . . . . . East Orange
Miningham, William D. . . . . Newark
Mockridge, Oscar A. . . . . Newark
Moore, John D. . . . . Bloomfield
Morgan, Browne . . . . . Bloomfield
Mount, Walter B. . . . . Montclair
Mullin, Raymond J. . . . . Newark
Near, Clifford R. . . . . East Orange
O'Crowley, Clarence R. . . . . Newark
O'Neill, Charles L. . . . . Newark
Orton, Henry B. . . . . Newark
Palmer, Gideon H. . . . . East Orange
Paul, Frederick M. . . . . Newark
Payne, Guy . . . . . Cedar Grove
Pinneo, Frank Wilcox . . . . . Newark
Potter, Palmer A. . . . . East Orange
Price, Nathaniel G. . . . . Newark
Quinby, William O'G. . . . . Newark
Rathgeber, Charles F. . . . . East Orange
Reitter, George S. . . . . Newark
Rich, Henry H. . . . . Newark
Riggins, Edwin N. . . . . Orange
Rosenwater, Charles A. . . . . Newark
Rothseid, Abraham . . . . . Newark
Rubinow, Saul M. . . . . Newark
Russell, Anthony B. . . . . Newark
Slatterer, William . . . . . Newark
Schaefer, Eugene P. . . . . Newark
Scheppach, Herbert A. . . . . Newark
Schimmelpfennig, R. D. . . . . Montclair
Schramm, Joseph A. . . . . Newark
Shaul, Federick S. . . . . Bloomfield
Sherman, Elbert S. . . . . Newark
Silverstein, Benjamin J. . . . . Newark
Simmons, Albert V. . . . . Irvington
Smith, Joseph J. . . . . Newark
Stahl, Alfred . . . . . Newark
Straubb, Herbert H. . . . . East Orange
Sutphen, Carl E. . . . . Newark
Synnott, Martin J. . . . . Montclair
Tansey, William A. . . . . Newark
Tidaback, John D. . . . . Newark
Titus, Charles W. . . . . Newark
Thompson, Arthur F. . . . . East Orange
Topping, Robert S. . . . . Newark
Tymeson, Walter R. . . . . Orange
Vanderhoff, Irving M. . . . . Newark
Van Ness, H. Roy . . . . . Newark
Verbeck, George B. . . . . Caldwelll
Wakeley, William A. . . . . Orange
Wallhauser, Henry A. . . . . Newark
Winans, Joseph C. . . . . Belleville
Wintsch, Carl H. . . . . Newark
Wolfs, Jean F. . . . . Newark
Zehnder, Anthony C. . . . . Newark
Rodemann, Watson F. L. . . . . Newark

GLOUCESTER COUNTY.

Black, Emanuel S. . . . . Williamstown
Campbell, Stephen . . . . . Woodbury
Chalfont, Harry B. . . . . Mullica Hill
DeGrofft, Vernon E. . . . . Swedesboro
Duffield, Elias M. . . . . Glassboro
Hollinshead, Ralph K. . . . . Westville
Pedrick, Charles D. . . . . Glassboro

HUDSON COUNTY.

Andreae, Paul M. . . . . Jersey City
Binder, Joseph C. . . . . Jersey City
Birdsall, Clarence A. . . . . Jersey City
Bortone, Frank . . . . . Jersey City
Broderick, John J. . . . . Jersey City
Brooke, William W. . . . . Bayonne
Brown, Harold W. . . . . Jersey City
Chayes, Sydney . . . . . Bayonne
Commorato, John R. . . . . Jersey City
Cook, John . . . . . Bayonne
Cosgrove, Samuel A. . . . . Jersey City
Curtis, Grant P. . . . . Union
Denis, Louis A. . . . . West Hoboken
Donohue, Lucius F. . . . . Bayonne
Doremus, Widmer E. . . . . Arlington
Duckett, Warren J. . . . . Jersey City
Dukes, Howard R. . . . . Kearny
Enright, James G. . . . . Jersey City
Evans, James L. . . . . West New York
Feury, N. Fred . . . . . Jersey City
Finn, Frederick A. . . . . Jersey City
Forman, Howard S. . . . . Jersey City
Frundt, Oscar C. . . . . Jersey City
Ginsberg, George . . . . . Hoboken
Granelli, Michael S. . . . . Hoboken
Hirsch, Richard . . . . . Jersey City
Jacks, Oscar . . . . . Jersey City
Jaffin, Abraham E. . . . . Jersey City
Jones, J. Morgan . . . . . Jersey City
Justin, Arthur W. . . . . Union Hill
Klaus, Henry F., Jr. . . . . West Hoboken
Koppell, Joseph A. . . . . Jersey City
Lewis, Livingston L. . . . . Hoboken
Lingle, Charles P. . . . . Arlington

McDede, J. Searle.....Jersey City
McLaughlin, George E.....Jersey City
McLoughlin, Frank J.....Jersey City
McNenney, Claud E.....Jersey City
Maver, William W.....Jersey City
Miner, Donald .....Jersey City
Mount, Elmer M. Jr.....Jersey City
Mount, Elmer M., Jr.....Jersey City
O'Connor, Bernard A.....Harrison
Olpp, Archibald E.....West Hoboken
Pellarin, John .....West Hoboken
Perlberg, Harry J.....Jersey City
Poole, Louis E.....West Hoboken
Purdy, Charles H.....Jersey City
Rector, Joseph M.....Jersey City
Reingold, Alexander .....Hoboken
Rosenberg, Jacob .....Jersey City
Rosenstein, Jacob L.....Jersey City
Rowe, Norman L.....Jersey City
Sacco, Anthony G.....West Hoboken
Stein, Jacob M.....West Hoboken
Stout, Philip J.....Jersey City
*Strasser, August Adrian.....Arlington
Street, Daniel B.....Jersey City
Sulouff, S. Henry.....Jersey City
Thomas, Ralph B.....Jersey City
Urevitz, Abraham .....West Hoboken
Von Deesten, Henry T.....Hoboken
Weiss, Morris J.....Bayonne
Wheeler, James A.....Jersey City
Willis, John Jr.....Jersey City

HUNTERDON COUNTY.

Adams, Thomas R.....Califon
Leaver, Morris H.....Quakertown
Thomas, Floyd A.....Flemington

MERCER COUNTY.

Adams, Charles F.....Trenton
Clark, William A.....Trenton
Cornell, Virgil H.....Trenton
Cotton, Henry A.....Trenton
Costill, Henry B.....Trenton
Crane, Josiah W.....Trenton
Douress, Philip C.....Trenton
Fee, Elam K.....Lawrenceville
Funkhouser, Edgar B.....Trenton
Garis, Joseph L.....Trenton
Hagerty, D. L.....Trenton
Holcombe, Charles H.....Trenton
Lavine, Barney D.....Trenton
Mitchell, Charles H.....Trenton
Mrass, John M.....Trenton
Newell, William A.....Trenton
Potts, M. Leroy .....Trenton
Reddan, Martin W.....Trenton
Rogers, Lawrence H.....Trenton
Scammell, Frnk G.....Trenton
Seibert, Raymond S.....Trenton
S'sta, Charles R.....Trenton
Taylor, Walter A.....Trenton
Turner, Irvine F. P.....Trenton
Willams, Harry D.....Trenton

MIDDLESEX COUNTY.

Dunn, James C.....Franklin Park
Ellis, Alfred L.....Metuchen
Fithian, George W.....Perth Amboy
Gruessner, Anthony .....New Brunswick
Hanson, Edward K.....Perth Amboy
Hoagland, Bonn W.....Woodbridge
Longbothem, George T.....Dunellen
Lund, John L.....Perth Amboy
McCormick, William H Jr.....Perth Amboy
Mann, Jacob J.....Perth Amboy
Mark, Joseph S.....Chrome
Merrill, Charles F.....New Brunswick
Nafey, Herbert W.....New Brunswick
Platt, Thomas H. Jr.....Dunellen
Reason, John J.....Carteret
Schureman, James P.....New Brunswick
Slobodien, Benjamin F.....Perth Amboy
Smith, J. V.....Perth Amboy

MONMOUTH COUNTY.

Brown, Harvey S.....Freehold
Campbell, William K.....Long Branch
Failing, Brayton E.....Atlantic Highlands
Nichols, Stanley H.....Long Branch
Rafferty, Peter P.....Red Bank
Rowland, James J.....Highlands
Sayre, William D.....Red Bank
Wagner, Earl C.....Asbury Park
Welch, Joseph T.....Long Branch
Wise, Lester D.....Long Branch

MORRIS COUNTY.

Baker, Augustus L. L.....Dover
Brewster, Guy Otis .....Dover
Costello, William F.....Dover
Coultas, Aldo B.....Madison
Curry, Marcus A.....Greystone Park
Day, Harris .....Chester
Dean, Jennie A.....Morristown
Farrow, J. Willard .....Dover
Fisher, E. Moore .....Greystone Park
*Griswold, James B.....Morristown
Henschel, Louis K.....Greystone Park
James, William .....German Valley
Johnson, George L.....Morristown
Lathrope, George H.....Morristown
McCormack, William G.....Whippany
McCormick, Henry D.....Kenvil
McDonald, Richard J.....Butler
McMurtrie, William A.....Morristown
Mills, Clifford .....Morristown
Miller, Thomas B.....Butler
Peck, Ellery N.....Boonton
Pinckney, Frank H.....Morristown
Plume, Clarence A .....Succasunna
Pollard, Joseph E. .....Chatham
Prager, Bert A.....Chatham
Summers, William J. .....Boonton
Sutphen, E. Blair .....Morristown
Thorne, William P.....Butler
Vaughan, Harry .....Morristown
Wilkinson, George W. V.....Morristown

OCEAN COUNTY.

Brouwer, Frank .....Toms River
Bunnell, Frederick N.....Barnegat
Carrigan, Eugene E. S.....Point Pleasant
Disbrow, Harold B.....Lakewood
Herbener, Eugene G.....Lakewood
Jones, Ralph R.....Toms River
Lawrence, George W.....Lakewood
Schauffler, William G.....Lakewood
*Thompson, Otto C.....Lakewood

PASSAIC COUNTY.

Armstrong, Robert R.....Passaic
Balson, Joseph C.....Passaic
Bender, Theodore T.....Paterson
Botbyl, Bert. W.....Paterson
Brancato, Peter .....Paterson
Briody, Harry E.....Paterson
Carlisle, John H.....Passaic
Carroll, William H.....Passaic
Clay, Thomas A.....Paterson
Cogan, Henry .....Paterson

Connolly, T. Vincent ..... Paterson
Davenport, George S. ..... Passaic
Dingman, Thomas A. ..... Paterson
Duncan, Owsley B. ..... Paterson
Dwyer, William A. ..... Paterson
Golding, Harry N. ..... Paterson
Graham, Archibald F. ..... Paterson
Greengrass, Jacob J. ..... Paterson
Hagen, Orville R. ..... Paterson
Holmes, Thomas J. E. ..... Paterson
Kane, Charles J. ..... Paterson
Keating, Charles A., Jr. ..... Paterson
Koch, George J. ..... Paterson
McBride, Andrew F. ..... Paterson
McCoy, John C. ..... Paterson
McDede, Frank F. ..... Paterson
Maclay, Joseph A. ..... Paterson
Marsh, Elias J. ..... Paterson
Michela, Luigi S. ..... Paterson
Mitchell, Charles R. ..... Paterson
Murn, Charles J. ..... Paterson
Neer, Frank G. ..... Paterson
Norval, William A. ..... Paterson
Oram, Joseph H. ..... Paterson
Russell, Charles B. ..... Paterson
Ryan, John N. ..... Passaic
Spickers, William ..... Paterson
Temple, Arthur H. ..... Passaic
Todd, Francis H. ..... Paterson
Undinsky, Hyman J. ..... Passaic
Vreeland, Clarence L. ..... Pompton Lakes
Vreeland, Ralph J. ..... Clifton
Walton, Gordon G. ..... Paterson
Ward, Albert H. ..... Paterson
Was, Francois J. T. ..... Paterson
Whalen, William J. ..... Paterson
Wishnack, Mayer ..... Paterson

Drs. Joseph C. Balson, Passaic, and George J. Koch, Paterson, received commissions but died before they could go.

SALEM COUNTY.

Davis, Richard M. ..... Salem
Green, David W. ..... Salem
Hilliard, William T. ..... Salem
King, S. Harold ..... Pennsgrove
Reeves, John F. ..... Elmer
Thomas, Claude W. ..... Woodstown

SOMERSET COUNTY.

Ely, Lancelot ..... Somerville
Field, Frank L. ..... Far Hills
Hageman, Runkle F. ..... Somerville
Lawton, Anderson A. ..... Somerville
Seaman, Benjamin F. ..... Raritan

SUSSEX COUNTY.

Cole, Blaise ..... Newton
Coleman, Joseph G. ..... Hamburg
Harp, Henry J. ..... Sussex
Jacob, Albert N. ..... Sparta
Landis, Edwin W. ..... Stillwater
Lewis, Stewart ..... Sparta
Pellett, Thomas L. ..... Hamburg
Riddell, Herbert E. ..... Branchville

UNION COUNTY.

Albee, Fred. H. ..... Colonia
Baker, Raymond D. ..... Summit
Bowles, Harry H. ..... Summit
Buck, Alvan O. ..... Elizabeth
Bunting, P. DuBois ..... Elizabeth
Corbusier, Harold D. ..... Plainfield
Currie, Norman W. ..... Plainfield
Dengler, Henry P. ..... Springfield
Du Bois, Francis E. ..... New York
Froomess, Leo E. ..... Elizabeth
Gallaway, George E. ..... Rahway
Gilpin, Freind B. ..... Cranford
Green, James S. ..... Elizabeth
Griesemer, Zadoc L. ..... Roselle
Hoagland, B. W. ..... Woodbridge
Hubbard, Harry V. ..... Plainfield
DuBois, Francis E. ..... New York
Hughes, Frederick J. ..... Plainfield
Keeney, Caldwell B. ..... Summit
Krans, Edward S. ..... Plainfield
Laird, George S. ..... Westfield
Lamy, Anthony W. ..... Elizabeth
Lawrence, William H., Jr. ..... Summit
Livengood, Horace R. ..... Elizabeth
Lufburrow, Charles B. ..... Plainfield
Mark, Joseph S. ..... Chrome
O'Reilly, Harry M. ..... Summit
Probasco, Norman H. ..... Plainfield
Quinn, Stephen T. ..... Elizabeth
Reiter, Walter A. ..... Summit
Savoye, Richard G. ..... Westfield
Schlichter, Charles H. ..... Elizabeth
Sell, Frederick W. ..... Rahway
Shangle, Milton A. ..... Elizabeth
Stein, Martin H. ..... Elizabeth
Steinke, Frank ..... Elizabeth
Vinciguerra, Michael ..... Elizabeth

WARREN COUNTY.

Dedrich, Thomas S. ..... Washington
Moore, Edward H. ..... Asbury
Randall, Robert W. ..... Hackettstown
Torrence, James M., Jr. ..... Phillipsburg
Woodruff, Robert H. ..... Hackettstown

*Deceased.

Explanatory Notes.—Conflicting reports have occasioned an immense amount of correspondence, because of our earnest attempt to secure accuracy, but there are doubtless many errors still. A few have failed to answer our requests for information and some have been uncertain about completeness of lists they have sent us, as a number of those who applied for commissions were either rejected for physical disability or other reasons, or did not accept the commission offered, and a few received them too late to enter the service because of the unexpectedly early closing of the war. The list we have given above includes more than 500 members of our Society. We believe there were about 400 additional physicians in the State who entered on war service. We hope many of the latter will see the propriety of showing their loyalty to the medical profession by uniting with the county medical society in their respective counties before the State Society holds its annual meeting in June. We take much pride in the record that The Medical Society of New Jersey has made for loyalty to our country—a record that has always been characteristic of her 152 years of history.

Of course our list could not properly include those who have made great sacrifice in the home field during the war, serving on Advisory Boards, etc. They surely, however, deserve great credit and much honor for the service they rendered. See editorial on another page and please favor us with the information desired.—Editor.

Special War Items.

Honorable Discharges and Resignations, Medical Corps, U. S. Army.

Members of Medical Society of New Jersey.

Benton, Nelson K., Newark.
Farrow, J. Willard, Dover.
Gray, Charles M., Vineland.
Hagerty, John F., Newark.
Holmes, Thomas J. E., Paterson.
Lippincott, Jesse D., Newark.
McDonald, Richard J., Butler.
Martine, Frank L., Newark.
Matheke, Otto G., Newark.
Schlichter, Charles H., Elizabeth.
Simmons, Albert V., Irvington.
Spickers, William L., Paterson.
Straub, Herbert H., East Orange.
Tansey, William A., Newark.

Orders to Officers of the Medical Corps, U. S. Army.

Members of Medical Society of New Jersey.

Capt. Raymond D. Baker, Summit, to Pittsburgh, Pa., U. S. General Hospital, No. 24.

Lieut. John R. Commorate, Jersey City, to Lakewood, N. J.

Capt. Alfred L. Ellis, Metuchen, to Camp Dix, base hospital.

Lieut. Henry B. Epstein, Newark, to Camp Sherman, Ohio, base hospital.

Lieut. J. L. Farden, Irvington, to Hoboken.

Capt. Albert S. Harden, Newark, to Rockefeller Institute for instruction in treatment of infected wounds.

Lieut. J. Morgan Dix, Jersey City, to Camp Lee, Va., base hospital.

Lieut. William H. McCormick Jr., Perth Amboy, to Camp Forrest, Ga.

Lieut. William S. McDannold, Tenafly, to West Baden, Ind.

Capt. Henry E. Matthews, Orange, to Camp Lee, Va., base hospital.

Lieut. Charles F. Merrill, New Brunswick, to Camp Lee, Va., base hospital.

Capt. Aaron Nelson, Jersey City, to Rockefeller Institute for instruction in treatment of infected wounds.

Lieut. Oscar A. Mockridge, Newark, to Eastview, N. Y.

Capt. Joseph H. Oram, Paterson, to Hoboken, N. J.

Lieut. Henry H. Rich, Newark, to Camp Alfred Vail, N. J.

Capt. Theodore Senseman, Atlantic City, to Camp Jackson, S. C., base hospital.

Capt. S. Henry Suluoff, Jersey City, to Boston, Mass.

Lieut. H. Roy Van Ness, Newark, to Lakewood, N. J.

Lieut. Ralph D. Vreeland, Clifton, to Fort Sheridan, Ill.

Mentally Defective Men in the Army.

In a statement made to the senate committee on military affairs, December 13, Surgeon-General Ireland of the Army said that the number of mental and nervous cases requiring special treatment among soldiers in camps in this country is 2.5 per thousand. This is slightly above the number of cases in civil life. Among the troops overseas the number is 10 per thousand. Six hospitals abroad are used exclusively for treating these men, each base hospital having facilities for emergency treatment of the mentally defective. An interesting effect on shell shock patients of the announcement of the armistice was that among 2,500 of these patients 2,100 were restored to normal within a day or two. It was brought out in the hearing that many men among the shell-shock cases had been decorated for extraordinary bravery in battle. The success of the Army medical examiners in keeping mentally defective men out of the service is shown by the fact that among the first 800,000 men examined, only 400 cases developed.

Points on Treatment of Bone and Joint Injuries at the Front.—Early splinting; early definite surgery; early closure; early function through voluntary movements; early appreciation of the best functional position for stiffened joints: shoulder should be fixed in 70 degrees of abduction; elbow at a right angle or even a little less; wrist dorsally flexed; hip abducted 5 degrees, outwardly rotated 10 degrees, flexed 20 degrees; knee, for standing occupation, flexed 20 degrees; for sitting, 30 degrees; ankle with the foot at right angles with the lower leg. Joints in these positions, though completely anklyosed, can be counted on to preserve much useful function for the limb. Immobilization in these favorable positions should be insisted on in the presence of any process or lesion which threatens ankylosis.—Review of War Surgery and Medicine.

Foot Disabilities in the Medical Service.

Dr. Harold D. Corbusier, Plainfield, Major in the M. R. C., at the annual meeting of the American Orthopedic Association, read a paper on this subject, which was a preliminary report on the reconstruction of recruits. The march constituted one of the chief duties of a man in a campaign. A successful march placed the men at their destination in the best condition. Unless the soldier could reach his place in the firing line, he was useless as a rifleman. It was often seen in military maneuvers that many stragglers limped into camp late at night, as they were not able to keep up with the march. Napoleon had said that the general who produced the best military shoe would do most to produce an efficient army. This was most true at the present crisis. The American foot seemed particularly prone to disability. The man needed to be trained to make the best possible use of the legs and feet. Battles were won and lost by legs as well as by rifles. Military service put the most unusual strain on feet accustomed only to the demands of civil life. Flat foot was a common cause of disability. Of 12,000 soldiers, 960 had flat feet to some degree. Among the drafted men it was supposed that there would be exaggerated symptoms, but it was found that there were 9.25 per cent. flat feet among the volunteers and 7.25 per cent. among the drafted men. However there were always to be found genuine malingerers. The psychology of the men was a matter for careful observation. It was unwise to inform the malinger that he was suspected. The best treatment was by hard and unpopular duty. These men often asked to be sent back to regular line duty, the treatment having proved too vigorous for comfort.

The American Army Hospital in France.—The Army Medical Corps, when confronted with the problem of choosing a hospital center in France, selected Beaume, in the Cote-d'Or region, where in the course of a few months one of the largest hospitals in all Fance has sprung up. This institution covers a square mile of territory, has 600 buildings of a permanent type, with accommodations for 25,000 patients. It is more than fifteen times the size of Bellevue Hospital, the largest hospital in New York. The American Hospital is of such extent and magnitude that it is divided into 10 units, each capable of caring for more than 2,000 patients. Each staff consists of 30 officers of the Army Medical Corps, 96 nurses, and 200 enlisted men. The entire hospital is under the direction of Col. Clarence J. Manly of the Army Medical Corps, who has been in the service for more than twenty years. In addition to its own work the hospital staff during the month of December served the wooden barracks convalescent hospital near Beaume where about 17,000 patients were being cared for.

Medical Unit for Turkey.—A medical unit of 25 doctors and 50 nurses, which is part of the commission of 250 trained men and women to be sent to Asia Minor for reconstruction and rehabilitation work, will sail for Turkey early in January. This is a part of the work undertaken by the American Committee for relief in the near East, which aims to bring a broken people back to their devastated homes, restore their self confidence, their morale, and their faith and secure them against barbarous persecutors. Dr. George H. Washburn of Boston heads the unit.

The Close of an Admirable Career.

The announcement that the American Military Hospital No. 1, at Neuilly, a suburb of Paris, is to be closed and the building returned to the French Government for the use originally proposed for it, that of a school, brings to a close the work of an institution which has reflected great credit upon all connected with it. Long before the United States abandoned its att'tude of friendly neutrality, this institution was organized by an American committee which provided the necessary funds to equip and maintain it. Following the French terminology, this was first known as the "American Ambulance." Volunteers from the United States furnished the personnel of the establishment until it was turned over to the United States Government after our entry into the war and became a part of our army service as the American Military Hospital No. 1. It made a notably high record of lives saved and men restored to active service. More than two million dollars was contributed to its maintenance through the American committee, which has on hand sufficient funds to complete its evacuation and close its work. After the United States entered the war, it was devoted especially to the care of the American troops and after the Chateau-Thierry drive, its capacity was expanded from 575 beds to 2,000, as many as 800 new cases having been received in one day. The maintenance of the institution has done much to promote good will between France and the United States.—N. Y. Medical Journal.

The Curse of Immobilization.

Dr. J. W. Dowden, in the British Medical Journal, from four years' experience of war surgery concludes that the lessons learned during these years have been, first that nature is the most wonderful surgeon, especially when encouraged; second, that septic wounds should be thoroughly drained; third, that from the very beginning frequent passive and active movements should be carried out in cases of injured limbs, steadily increasing the range; and that splints should never be used except when absolutely necessary and then only for as short time as possible, and should never interfere with passive and active movements. Massage he considers an excellent adjunct to active movements; electricity or baths he lays little stress on. In war surgery the future usefulness of the wounded must be borne in mind, the order of importance being muscles, joints, bones; not bones, joints, muscles. The danger signal in passive and active movements is pain. If, however, adhesions have formed after prolonged immobilization, pain must be endured while the adhesions are stretched or broken. Dowden believes that thousands of soldiers have been more or less disabled for life simply through prolonged immobilization of injured limbs, and cites as examples several cases that have passed through his hands. He says: "This needless disablement of men is really the most disheartening thing I know in the war," and closes with an expression of belief that "the future will see a great reaction from this most remarkable age of splints."

Specific Hospital for Special Treatment.

The office of the Surgeon General of the Army has made arrangements to send certain classes of patients to specific hospitals where special facilities for treatment are provided and has issued a list of nineteen classes of cases with the hospitals which will treat such cases. The classes of cases include amputations, chronic arthritis, blindness, deafness, epileptics and mental defectives, insane, maxillofacial, general medical cases, functional neuroses, drug addicts, and inebriates, peripheral nerve injuries, and paralyses, speech defects (not neurotic), general surgical cases, pulmonary tuberculosis, wounds or injuries of the skull or brain, wounds or injuries of the spinal cord and organic disease of the nervous system. Provision is also made that "patients who will be benefited by waters of Hot Springs, Ark.," will be sent to the Army and Navy General Hospital at that place.

A Message from Belgium.

Captain Dr. Rene Sand of the Belgium Ministry of Reconstruction was asked, during a recent visit to America: "How may America best pay her share of the debt of gratitude which the whole civilized world owes to that heroic and undaunted little country? What can we best do to help Belgium after the war?" In his reply, which appears in the current issue of The Modern Hospital, Captain Sand says that the first few months of peace will decide the fate of Belgium. Material help, personal help and advice will be especially needed in meeting the social problems—infant mortality, bad housing, occupational hazards, tuberculosis, alcoholism, venereal disease—which,

in their most acute forms, must be solved.

Here Captain Sand aptly suggests, is America's golden opportunity to assist this indomitable little nation to establish itself on a higher plane than ever before. According to Captain Sand, a permanent American foundation in Belgium, to foster research, to offer information on reconstruction problems, and to maintain an educational campaign for raising the standards of life in Belgium, would be the ideal means of serving his country and strengthening the bonds of friendship between Belgium and America.

Red Cross Work in Jerusalem.

How American Red Cross physicians engaged in relief work in Jerusalem are accomplishing worth while results in the face of great difficulties, and what they are up against, is shown in a report just received here from W. S. Dodd, A. R. C. doctor working at Mejdel in that section. With two capable English trained nurses, and three native helpers, more or less useful, Dr. Dodd, his "hospital" housed under tents, performed 252 operations in seven weeks, besides giving medical examinations, treatment and counsel to hundreds of the destitute inhabitants and refugees.

His report says in part: "The work of the hospital was of the plainest sort, it might be called primative. About twenty-five tents comprised the hospital proper, with dispensary tent, and tents for the living quarters of the staff. The soil was all the purest sea-sand with thistles and scant grass; going barefoot was the universal custom, and in our own quarters we of the staff used to follow that custom with great pleasure. * * * The professional side of the work was of the greatest interest to me and every day was a pleasure. The clinics numbered sixty to a hundred a day. Of course we had all classes of cases in medicine and general surgery, but by far the larger proportion of our patients were eye-cases.

"Of the 252 operations that I did in less than seven weeks, 222 were for the eyes. This is the number of persons operated on, most of them having more than one operation, perhaps on all four lids, so that I really operated on 408 eyes. There were some cataracts, not more than would be seen in the same number of cases elsewhere, but trachoma and its consequences accounts for almost all of the eye troubles in this land. I set out to treat these cases radically and secured fine results when I could keep the patients long enough for a reasonable after-treatment. But even so, the number of eyes that can be saved from partial and total blindness is large and the economic value of each eye thus saved is enough to make the prosecution of this line of work of the greatest importance for the redemption of the land.

"The accident cases are always interesting. I had the last end of treatment of some cases of bombed hands, of which there had been quite a number in the earlier days. These were largely in children, and were due to their picking up unexploded Turkish bombs that were lying in the fields from the time of the British advance in the Gaza region. Many fingers and even hands were lost from this cause. Vermin was the great enemy we had to fight. Fleas were hardly counted as a problem because we could do nothing against them, they were everywhere and inevitable, and so far as we know at present not being the carriers of any special disease, did not come within the hostility of a medical conscience.

"Lice and maggots were a daily terror. How many wounds and injuries came to us filled with maggots I cannot tell. A favorite dressing for a wound is a piece of raw meat, a breeding place for maggots, and they can hardly be blamed for invading the adjoining premises. Many a child had to be put under chloroform in order to search out and pull from their hiding places deep in the middle ear a half dozen wriggling maggots whose every motion was causing torture to the innocent victim.

"A women came to the clinic complaining of headache. A single sore on her face led to questioning, and when she rather unwillingly undid her turban we found an exaggerated case of impetigo, and every separate sore was as if the whole thickness of the scalp down to the bone had been punched out, and every sore was a nest of maggots. I removed 60 at the first seance, and at the first dressing next day the nurse had more to do. The headache was cured without further treatment. And these are not the most loathsome cases that we saw. Another great difficulty with which we had to contend was the filthy habits of the people. In spite of providing proper sanitary facilities, we were compelled to have a scavenger go around every morning and clean up the filth from around the tents of the patients. The women were as bad offenders as the men. We made it a rule that anyone known to have violated these simple sanitary regulations must go without their dinner next day, and this was quite an effective punishment."

Editorials from Medical Journals

The Unconscious Patient.

From the N. Y. Medical Journal.

In the presence of two kinds of patients the physician does well to be cautious of his speech, namely, the supposedly moribund and the presumably anesthetized. Because the patient seems unconscious it is by no means certain that he is not aware of much that is taking place about him and that he does not know what is said in his presence.

We think most physicians of experience are, sooner or later, surprised by the keenness of hearing of the patient who is being anesthetized, when to all appearance he has become quite unconscious. This sharpness of sense seems akin to that of the partially deaf whose organs of hearing seem dull enough to the sounds we would have him hear, but are, somehow, exceedingly acute for impressions which we do not anticipate will reach his seat of consciousness. A victim of cerebral disturbance, though incapable of speech or of motion, will sometimes understand everything that is said in his presence. A patient of our acquaintance, apparently unconscious in a seeming fatal attack of cardiac asthma, recovered to reproach the two physicians in attendance with some remarks which they would gladly have unsaid. The tongue is an unruly member and until a patient is actually dead the tongues of those about him would better be kept under control.

The Cold Fresh Air Craze.

From Critic and Guide.

In the course of an article on Pneumonia in Early Infancy and Childhood (Jour. A. M. A., 11, 17, '17), Dr. Henry Koplik calls attention to the prevailing exploitation of cold fresh air in the treatment of pneumonia as though there were something in the freezing air that could act as a specific in bringing about a favorable result. Careful study has convinced the writer that both infants and young children stand cold very badly. Some infants when placed warmly bundled up in a cold room with open windows, grow cyanosed and the whole system seems to be depressed. The author thinks the correct procedure consists in a middle course of giving fresh air which is at a temperature that is not uncomfortable to the nurse. A room in which the incoming air passes over a warm radiator seems to offer the ideal condition.

We consider the above warning quite timely. Whatever one may think of cold and cold air for robust adults, children do not thrive well in a low temperature, and we must not permit our common sense to be obscured by questionable fads.

Editorials from the Lay Press.

Happiness.

From the New York Tribune.

The other night we chanced to ask an eminent physician of New York City his opinion as to the number of people who were truly happy. His rather dogmatic reply was:

"About one in a hundred."

And this was not the opinion of a pessimist, but of a most radical optimist.

We wonder if this opinion is shared by others. It does not mean, of course, that ninety-nine people out of a hundred are deeply unhappy. That would be absurd. But there is no doubt that a great many people are quite unhappy a good deal of the time, perhaps not half the time, but enough rather to cloud their lives.

We should like to know the opinion of physicians generally. More and more people go to the doctors to tell them their troubles. The physician of to-day takes the place of the confessional of yesterday.

Then, too, there is the new application of psychology to the field of medicine—the so-called psycho-analysis, which is so rapidly taking its place as an important part, literally, of the medical pharmacopoeia. This new science has given a wonderful insight into our sub-conscious selves and reveals how far that sub-conscious self really dominates our lives and determines the amount of happiness which we really get out of this confused welter of existence.

A Life-Saving Order.

From the Newark Evening News.

The announcement that the federal authorities at Washington have modified the enforcement of the law governing the dispensing of narcotic drugs means that, to some degree, the work of the overtried physicians will be lightened during the continuance of the epidemic conditions. The modified order permits prescriptions that contain morphine, codiene or heroin as ingredients to be renewed on the doctor's original order as frequently as may be required. It is entirely an emergency act on the part of the government. It might have been issued with beneficial results before now, but it will be a boon both to the physicians and sufferers as long as influenza and its kindred diseases continue to be a public menace.

These drugs are employed in the treatment of victims of the epidemic diseases. It has been found a hardship to comply with the law that requires a new prescription to be issued every time for medicine of which any of these drugs form a part is needed. The doctors of this and all other afflicted cities are being taxed as never before in their efforts to stay and wipe out the prevalent diseases and to salvage endangered lives. They have been kept so busy that it has been impossible for them to hold themselves available at all times for writing new prescriptions.

This emergency caught the medical profession at a time when it was least able to cope with such a terrible scourge as this visitation is proving to be, because their ranks had been seriously depleted by the calls to war service to which so many have heroically responded. Despite the handicap, however, the profession has risen to noble heights and has performed incredibly well.

It is hardly likely that drug addicts will be able to take any great advantage of the situation which the government has created and a rescinding order may be expected just as soon as the emergency shall have passed.

American Doctors.

From The Milwaukee Sentinel.

In his recent address in Milwaukee Floyd Gibbons, the war correspondent, said that the greatest desire of the wounded ally soldier, be he British, French, Belgian or Italian, is to be sent to an American hospital to receive the care of American surgeons and nurses.

This is a splendid practical compliment to the men and women who have gone across for the humanitarian work of relieving the wounds of war.

And as such, it must bring a patriotic glow to the heart of every American. It is another testimonial—and a most sincere and unaffected one—to the efficiency of America in her war work.

And, at the same time, it should be taken in no sense as a criticism of the medical departments of the other armies of the allied forces.

They, it must be remembered, have borne the brunt of the battle for more than four years. Their force of surgeons has been sadly depleted, and, because the lesson of conserving medical men and nurses had not been learned at the outset of the war, the best trained men in its medical profession were sacrificed and students with all their potentialities for great work were rushed to the firing lines as private soldiers.

The inevitable result of this has been that the allied armies have been short of medical men and their hospital service correspondingly hampered, for a long time. And it is another

cause for rejoicing that America was able, by her entry into the war to relieve in a measure this situation.

It is a matter for further gratification that our nation has profited by the experience of her allies and is conserving the medical students, the dental students and other professional men whose services as perfected technicians will be of far greater value than their work as soldiers—splendid as such work must be—and permitting them to complete their education to the end that they may in due course take the places of the efficient exponents of their art who must be sacrified in service.

Therapeutic Notes.

Anti-Pneumococcus Gargle. — The following formula used as a gargle has been satisfactorily demonstrated as being destructive to the pneumococcus. Repeated bacteriologic examinations have proven its effectiveness and rendered throats free of the pneumococcus. It is a most effective gargle and is used in the strength given:

Quinine sulphate or bi-sulphate, grs. VI.
Thymol.
Ol. Gaultheria.
Ol. Menth Pip, a. a. drm. I.
Aquae q. s. to Gal I.

Asthma.—Bensaude and Hallion advise a mixture of pituitary extract, the equivalent of 0.25 gram of the fresh gland, and one-half milligram of adrenalin chloride, to be given hypodermically once a day. Relief is usually experienced within five minutes, and the effect persists for a day or longer.—La Presse Medicale.

Tonsillitis.—The best remedy for acute sore throat—acute tonsillitis—is Vichy water, in medium or large doses, according to the severity of the case, taken on an empty stomach.—De Castro Perez.

The Capproni Method in the Treatment of Pleurisy with Effusion. — M. Maurizi, in Riforma Medica, reports seven cases of pleurisy with effusion treated by this method of injection into the pleural cavity, with two to four grams of iodoform in ten to twenty c.c. of glycerin. His results were excellent and he warmly advocates this procedure as simple, harmless, and easily carried out in any surroundings.

Fibrinous Pneumonia.—Give medium or large doses, according to the case, of sodium bicarbonate on an empty stomach.—De Castro Perez.

Grippe Pneumonia Treated with Plasma from Convalescents.—Grigaut and Moutier have practiced the intravenous injection of the blood plasma of convalescents, the plasma varying in age from 4 to 8 hours and the amount from 50 to 500 c.c. for each 24 hours. The method was found to be quite harmless. In regard to efficacy, much depends on the date of the injection. When given early in the case a favorable influence was at once apparent. After the fifth day no benefit was apparent. The total number treated was 10, of which 8 received the injections before the third day. The crisis in these cases came about within 24 hours. Sometimes 60 c.c. were sufficient to produce this result. The massive doses were used only in the most serious cases.—Le Progres Medical.

Gastric Acidity.—Gaston Sardou recommends sodium citrate for this condition, and says the salt is better tolerated by weak stomachs if it is given in the nascent state. He makes a solution of 15 grains of sodium bicarbonate in a glass of water and adds thereto a teaspoonful of lemon or lime juice, the potion being taken as soon as effervescence has ceased. A little magnesium hydrate may be added to increase the tolerance.—Journal des Praticiens.

Tincture of Myrrh.—I wish physicians would think of Tincture of Myrrh more often than they do. It is an excellent antiseptic and vulnerary. It is unequalled for spongy gums; and diluted with glycerin it forms a splendid local application in sore throats and even in diphtheria. These are but few of its uses.—Critic and Guide.

Hospitals.

Bequests are made of $500 each to St. James' and St. Michael's hospitals, and $250 to St. Barnabas' Hospital, Newark, under the will of Bernard Sheridan, who died in that city in December.

Dover General Hospital.

At the annual meeting of the Dover Hospital Association held last month a year of successful work was reported, notwithstanding the absence of members of the medical staff in the M. R. C.—Captains J. W. Farrow and William James and Lieuts. A. A. L. Baker and William F. Costello.

During the year 489 patients were treated in the hospital, thirteen per cent. of whom were indigent cases. There were fifty-five deaths during the year, the larger percentage during the epidemic of influenza. Of the total fifteen were coroner cases. The average number of patients treated per day was eighteen and the cost per capita was $3.04. There are at present twelve patients in the hospital, cared for by five graduate nurses, four undergraduates and one pupil.

There have been added to the auxiliary staff Dr. H. Raymond and Dr. Julia Mutchler, and to the consulting staff of Dr. Joseph Oram of Paterson and Dr. Edward Staehlin of Newark.

Four hundred and eighty nine patients were treated at the Dover General Hospital in 1918, ninety per cent. were surgical cases.

Hospital in Du Pont Plant Closed.—The Emergency Hospital in this local plant, at Haskell, which was erected four years ago at a cost of $7,000, was closed January 1st. The hospital contained a ward with eleven beds, two private rooms, an operating room, a sterilizing room and an X-ray room. During the four years a corps of three nurses had been maintained. The practical closing of the plants in this section has reduced the need for the hospital.

Essex County Tuberculosis Hospitals.—Essex County, which now maintains two hospitals for the care of tuberculous patients, one at Soho with about 200 beds and one at Verona with 85, is constructing a new hospital which will afford accommodations for 100 or 150 more patients. The tuberculosis agencies of Essex County find that the care of discharged soldiers is giving them additional work. Dr. H. B. Dunham, for the past ten years assistant superintendent of the New Jersey State Sanatorium for Tuberculous Diseases at Glen Gardner, has been selected superintendent of these hospitals.

Annual Report of Charities Aid Association.—This report emphasizes the overcrowded condition of the New York State hospitals for the insane and the need for immediate expansion of the system. The thirteen hospitals of the State have a capacity of 28,997 patients, but the end of the fiscal year found them housing 35,462, showing 22.3 per cent. overcrowding.

More Ammunition for the Drive on Venereal Disease.

One of the most important steps ever taken toward stamping out venereal diseases was that taken by the American Hospital Association at its recent annual meeting. The hospitals of the country, says The Modern Hospital, having awakened to the necessity of supporting the action of the War Department in this direction have adopted the following resolution:

"Resolved: That the American Hospital Association heartily endorses the program of the War Department for the control and treatment of venereal diseases, and that the hospitals of the country be urged to co-operate with this program in every way, and particularly by developing, or when necessary establishing, clinics for treating venereal diseases, and by opening their wards to patients with these diseases who require bed care."

Standardization of Rural Hospitals.

Dr. Isaac S. Stone, Washington, D. C., said at the annual meeting of the Southern Surgical Association: I am in favor of bringing the standard of all hospitals, large or small, up to that point which will afford the best service to the public and which will require the best medical and surgical training of the staff. Sufficient information has been collected to show the number of poorly equipped hospitals in all parts of the country, in towns and rural districts. Many of these hospitals are but little better than boarding houses without the essential equipment of house staff or laboratory, or, indeed, anything that justifies the name of hospital. It was suggested that all hospitals should be inspected by the health officer or commissioner of health, whether they are public or private institutions, and in case they are found up to the standard of requirement they should be duly licensed and required to send in a full report of the treatment of all cases during each year. I also favor State aid to rural hospitals when necessary, to provide hospital relief in country or remote outlying districts. Especial attention should be given to consideration of rural hospitals as social service centers and for the care of obstetric patients whose homes are remotely situated or who are unable to obtain competent professional attendance.

Deaths.

CORY.—In Saratoga Springs, N. Y., January 15, 1919, Dr. Horace Cortelyou Cory, aged 62 years.

Dr. Cory graduated from the College of Physicians and Surgeons, New York City, in 1898, and settled in practice in Newark; he was an attending surgeon at St. Michael's Hospital for twenty years. He went to Saratoga Springs to recover from a serious attack of grip, but pneumonia with heart complication supervened and caused his death. He was a member of the Essex County and State Medical Societies, of the American College of Surgeons and a Fellow of the American Medical Association.

LALOR.—At Trenton, N. J., January 18, 1919, Dr. William Smith Lalor, suddenly, aged 70 years.

Dr. Lalor was born in the Lalor home in Hamilton Township, Mercer County, April 16, 1848; was educated at the Lawrenceville High School and later at the College of New Jersey at Princeton; studied medicine with Dr. John Woolverton, Trenton, and graduated from the University of Pennsylvania Medical School in 1872. For more than forty years he practiced medicine in Trenton. He was a member of the Mercer County Medical Society and the Medical Society of New Jersey, having been a Permanent Delegate of the former to the latter society since 1915. He was also a Fellow of the American Medical Association and represented the State Society at the last annual meeting of the A. M. A.

For some years he served as city physician and was a school trustee in 1873, 4 and 5 and school superintendent in 1876, 7 and 8; he also was a member of the city board of health for seven years and county physician six years.

PAULLIN.—In Bridgeton, N. J., September 18, 1918, Dr. George M. Paullin, from heart disease, aged 79 years. He graduated from the University of Penn., Philadelphia, in 1861; was acting assistant surgeon in the Army during the Civil War.

SYROP.—In Base Hospital No. 78, France, October 27, 1918, Dr. Edwin F. Syrop, Lieut. M. C., U. S. Army, of Bayonne, N. J., from lobar pneumonia. He graduated from the University of Maryland, Baltimore, in 1916. Aged 28 years.

WIGGINS.—At Succasunna, N. J., January 12, 1919, Dr. H. Clay Wiggins, from pneumonia, aged 74 years.

He graduated from the Albany Medical College in 1874; practiced in Succasunna 16 years and retired because of ill health. He was connected with the Morris County Medical Society while he practiced.

MERRILL.—In Highland Park, New Brunswick, January 21, 1919, Mrs. Grace A. S. Merrill, wife of Dr. Charles F. Merrill, lieutenant in the Medical Corps, U. S. Army.

Personal Notes.

Dr. W. H. Areson, Upper Montclair, who has been stationed at Pelham Bay training camp, M. R. C., has been honorably discharged and returned home.

Dr. Gustav A. Becker, Morristown, has been re-elected president of the Board of Health.

Dr. Frederick S. Bootay, Belleville, was recently reappointed town physician and medical inspector of schools.

Dr. George W. Endicott, Plainfield, who has been seriously ill, is recovering.

Dr. George B. Gallaway, Rahway, captain in M. R. C., has been mustered out of service and has resumed practice.

Dr. Cadwell B. Keeney, Summit, M. R. C. lieut., stationed at Camp Humphreys, Va., has spent a few days at his home.

Dr. Henry W. Kice, Wharton, read an original poem at the St. John's M. E. Church, Warton, on January 5, at the presentation of a service flag to the church.

Dr. George H. Lathrope, Morristown, M. R. C., who went to France last year and whose headquarters is at Tours, has been visiting a chain of dozen hospitals in surrounding sections.

Dr. Joseph A. Maclay, Paterson, has been appointed a member of the Board of Health.

Dr. Wm. Wallace Maver, Jersey City, is serving in France as X-ray specialist with the Bellevue Unit, base hospital No. 1.

Dr. Clarence A. Plume, Succasunna, has been appointed president of the local health board.

Dr. Margaret N. Sullivan, Jersey City, recently addressed the Dover Women's Club on "Clean Communities, Camps and Fighters."

Dr. Theron Y. Sutphen, Newark, was called for the second time last month to the bedside of his son, Dr. E. Blair Sutphen, at Camp Zachary Taylor, Louisville, Ky.

Dr. Elbert S. Sherman, Newark, who for a year has served at Mineola, N. Y., in the medical research division of the air service.

Dr. Thomas H. Tomlinson, Plainfield, and wife celebrated their fiftieth wedding anniversary December 30.

Dr. C. Coulter Charlton, Atlantic City, has been placed on the Inactive Service Medical Corps, U. S. Navy, and has resumed practice at 124 South Illinois avenue.

Dr. Frank W. Pinneo, Newark, was recently re-elected a deacon in the Park Presbyterian Church, Newark. He is still in M. C., U. S. Army.

Dr. B. V. D. Hedges, Plainfield, has sold his property in Watchung avenue to the Y. M. C. A. of that city and a new association building will be erected thereon.

Dr. Charles E. Teeter, Newark, chairman of the Medical Advisory No. 8 of Essex County, was given a dinner by the Council on January 21st at the Robert Treat Hotel.

Dr. Alfred Stahl, Newark has been honorably discharged from the Medical Corps of the United States Army, and has resumed practice at his former office.

Dr. Frederick S. Bootay, Belleville, was recently reappointed town physician and medical inspector of schools.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Arizona, October ...	15	10	5
Arkansas, November	4	2	2
Idaho, October	11	11	0
Illinois, Sept.	55	33	22
Kentucky, Dec.	6	5	1
Massachusetts, July..	56	40	16
New Mexico, Oct....	6	6	0
New York, June.....	276	228	48
Oklahoma, Oct.	2	2	0

Public Health Items.

I consider that prevention of tuberculosis remains the most important health problem in the country in spite of all the work that has been done.—W. C. Gorgas, M. D., Surgeon General, U. S. A.

Terminal Disinfection—Cleanliness, fresh air, proper care of the sick, correction of ill-considered personal habits are more to be commended than the potencies of various germicides, and such are more in accord with the tents of preventive medicine.—Weekly Bulletin, Department of Health, New York City.

The Newark Health Bulletin, December, reports that since July, 1918, when the Bureau of Venereal Diseases was created, the attendance for venereal diseases at the clinic was: Cases of syphilis, 1,418; cases of gonorrhoea, 1,315. Raids by the police brought to the clinics 283 suspected women, of whom 40 were found positive for venereal disease. A special ward at the City Hospital has been set aside as a detention ward for irresponsible sufferers from venereal diseases.

Newark had 29,102 cases of influenza reported up to Dec. 24th, the deaths numbered 1,378; the deaths from the accompanying pneumonia numbered 1,494.

The total deaths in the city was 8,460 as against 6,203, with death rate 19.7 and 15.3 respectively. The comparative mortality of epidemic diseases for 1918 and 1917 was as follows—that for 1917 being stated in brackets: Measles, 27.9 (1.2); scarlet fever, 2.6 (1.2); whooping cough, 12.3 (14.8); diphtheria, 18.4 (12.3); influenza, 320.5 (5.9); pneumonia, all forms, 347.4 (188.6). The death rates are for 100,000 population.

Correlating Public Health and School Nursing.

Both the sanitary division and the division of child hygiene of the State Department of Health are taking an active interest in the public health nursing question of Matawan, and the school authorities are considering the practicability of a plan for correlating public health nursing and school nursing in all communities. The problem has been brought to the front by a suggestion of the Matawan Council that the township Board of Education join in paying the salary of a nurse, who shall work both in the community and in the school. The State Department has offered Matawan the services of an expert sanitarian, if needed, for survey and advice, and the division of child hygiene will supervise a nurse, if obtained, and provide the equipment for a station.

Needed Reforms in Public Health Work.

Voicing his firm conviction that the efficiency of the State Department of Health would be greatly increased if the present board were swept out of existence or restricted to advisory duties, and if all the executive functions were centered in a single commissioner, Moses N. Baker of Montclair, a former member of the State Health Department aroused lively discussion at the annual session of the New Jersey Sanitary Association at Lakewood, N. J., December 7th.

Hygiene.—Only unpractical people ignore hygiene. Hospitals, insane asylums, jails and poorhouses are monuments to our ignorance and conceit. We must know, we must understand, and we must practically apply our knowledge of hygiene; otherwise we perish.—Monthly Bulletin, Indiana State Board of Health.

Child Hygiene Stations.—The Boards of Education of Riverside and Woodbury have authorized the use of a room in a school as a consulting station for the bureau of child hygiene of the State Department of Health. A nurse will be placed in charge, who will visit mothers and instruct them in the work of caring for babies. A clinic will be held at stated intervals, when the babies will be weighed and examined by a physician to see that they are kept in good health.

Infant Breast Feeding.—It is of paramount importance to the future of this country that infant breast feeding should be maintained and extended. There must be no avoidable spilling of infant life. Every little stranger is now no longer somewhat unwelcome intruder, but a precious commodity to be jealously guarded.—Sir James Crichton-Browne, Journal of State Medicine.

Infant Mortality and Welfare.—The infant mortality rate is considered the most sensitive index we possess to social welfare. It reflects at once conditions which improve or interfere with the normal health or life of the community. As conditions which make for normal family and community life are improved, the infant death rate decreases. When these conditions are disturbed, the rate correspondingly increases. The infant mortality rate, therefore, may be taken as the barometer of the social welfare of the community.—Handbook of Kansas State Board of Health.

Jerusalem Freed of Mosquito Plague.—The Zionist Organization of America, through the efforts of Louis Cantor of Rochester, N. Y., who is a member of the American Zionist Medical Unit, has freed Jerusalem of the mosquito pest. It is said that the city is now practically free of these carriers of malaria. During Mr. Cantor's campaign 350 cisterns were petrolized and put in sanitary condition. Mr. Cantor was formerly connected with the Goethals Commission at the Panama Canal.

The Hour of Death.—An article in the Gaz. Med. de Paris states that a physician observed the hour of death of 2,880 persons of all ages in a mixed population and during a period of several years. He found that the maximum hour of death is from 5 to 6 A. M.; minimum 9 to 11 A. M. From 10 A. M. to 3 P. M. the mortality is not high, and the most fatal hours are from 3 to 6 A. M. The conclusion is that death generally comes when the sick are least nourished and cared for. If care were taken death could be postponed in many cases.

Cancer Prevalences.—Dr. Krusen, Director of Public Health of Philadelphia, said: "I enemy airplanes dropped gas bombs over the city, killing five persons every day throughout the year, mostly women, the community would be in an uproar. Yet, this unsuspecting disease, cancer, causes one death on the average of every five hours daily.

Eugenics in Brazil.—There is a Eugenic Society in the enterprising city of Sao Paulo, the first to be organized in that country. The objest is frankly to improve the race and render it worthy of so grand a country. The subjects to be covered in this connection are the laws of heredity, the propagation of knowledge of eugenics and hygiene and the spread of education in general. This plan of instruction aims to inform the public as to the harm wrought by syphilis, alcoholism, tuberculosis, etc. Other activities are regulation of prostitution, prenuptial examination, and all steps which will diminish the birth rate of degenerates, idiots, etc. It is to be hoped that this patriotic movement will be taken up by other Brazilian states.—Brazil Medico.

Closing Schools as a Means of Controlling Epidemic.

Mr. Willard S. Small, Chairman, Bureau of Education, in an address at the annual meeting of the Amer. Public Health Association, said: Fifty cities in thirty-one states were asked to give an opinion on this subject. Replies were received from thirty-two cities in nineteen states. An analysis of these replies shows that closure of schools as a means of controlling epidemics of the six diseases specified is unnecessary, unscientific and unjustifiable. The proper method of control involves a sufficient inspectorial force of physicians and nurses to maintain close supervision of cases and contacts; enforcement of isolation and quarantine under elastic administrative regulations; the employment of clinical and laboratory tests and reliance on such data; close correlation of the school medical inspection with the health department on the one hand, and with the school forces on the other hand, and continuous education of the public.

United States Public Health Service Program.

Surg.-Gen. Rupert Blue, U. S. Public Health Service, Washington, D. C., at the meeting of the American Public Health Association in Chicago, said: I would point out the need of special vigilance on the part of health authorities in order to prevent the introduction and spread of dangerous epidemic diseases by our returning soldiers. When the history of the present war is written, not the least significant part will be that which records the achievements in the field of preventive medicine. Hundreds of thousands of lives have been saved as

a result of the excellent work in sanitation and preventive medicine carried on by the British, French and American military forces.

What can be done among soldiers in the unfavorable environment of war can and should be done among the civilian population in the more favorable environment of peace, and this can be accomplished by intensive health work carried on by the U. S. Public Health Service in co-operation with state and local authorities. The Public Health Service contemplates constituting itself a national center and clearing house for information, advice and educational assistance on all matters relating to public health and hygiene.

State Medicine.—The most startling proposals for social reform and race amelioration were made by Dr. Victor C. Vaughan at the annual meeting of the Amer. Public Health Ass'n. He made an eloquent plea for State medicine and for the assumption, by the federal government, of control over certain features in the education of the youth of the land. He would draft annually all the boys of a certain age for a two years' term of service and training for health and good citizenship. He would have everybody carry an identification card, with a detailed record inscribed thereon, which would be brought up to date every two years or so, whenever a new physical examination was made. Throughout the country he would establish health centres, until they, at least, were as numerous as are high schools. The advent of group medicine was attested to by a circular of a New England promoting corporation, soliciting shares at $10 apiece; and the discussion of health insurance was, as usual, not less animated than a United States Senate debate on government ownership of railroads or cables.

Health in City and County. — Commenting on and attempting to give reasons for the somewhat better showing of city men over country men in the recent military draft examinations, Dr. L. D. Bristol, state health commissioner of Maine, in an address before the Massachusetts School for Health Officers (May, 1918) thus summarizes the essentials of public health administration in rural districts: (1) a thorough study of rural sociology in general; (2) a special study of rural sociology based on the econmic interests of the state in question; (3) public health education in rural districts leading to a definite demand for, and financial support of, an adequate local health organization; such education should be carried on by (a) the state department of health; (b) the rural schools; (c) the agricultural colleges. The latter should give required courses in hygiene and public health under the direction of thoroughly competent sanitarians, and should educate the rural population through extension courses in order to develop rural public health leadership. (4) As soon as possible, the establishment of health unions made up of two or more towns, for the employment of union health officers and nurses, who, in some manner, should be responsible to the state health organization. Towns or cities over a certain population which desire to employ their own full-time health officer should be exempt from the union plan. (5) The extension of all laboratory facilities for the state departmnet of health so that through branch laboratories the rural districts might have close at hand all of the advantages of modern diagnostic and prophylactic methods. (6) Extension of federal and state financial aid until such time as the local rural community can assume the entire financial responsibility.—Bulletin of the State Department of Health of Maine.

Pneumonia and Influenza.

Col. Victor C. Vaughan, Washington, D. C., at the annual meeting of the American Public Health Association, in discussing influenza and pneumonia, said that as regards pneumonia, the army had a splendid record for the first six months of the war. It had a death rate but little above that of the same age group at home, and thirteen out of the twenty-nine large cantonments had a death rate lower than the same group at home. So far as pneumonia was concerned, during the first six months these facts seemed to have been established: the city boy lived, the country boy died; the northern boy lived, the southern boy died. It had been almost impossible for them to study influenza, because men had been dying from pneumonia in great numbers, and they could not spend the time to examine the blood of patients with influenza when so many of them were dying from pneumonia. We were going to have influenza with us; it was not going to disappear very soon. So far as the prevention of the respiratory disease was concerned, we did not know any more than our ancestors did a hundred years ago. He had used influenza vaccines and lipovaccines, and from data gathered they had not done one bit of good.

Dr. C. St. Clair Drake, of Springfield, Ill., in speaking of the work of the Illinois Influenza Commission, stated that from the onset of the epidemic up to and including November 30 reasonably active reports from 1348 Illinois health jurisdictions, within which was embraced 60 per cent. of the total population of the State, showed 193,885 reported cases of pneumonia and influenza, 53,000 of which were in Chicago. In the same areas the reported deaths numbered 13,466, of which 9,129 occurred in Chicago. It was found that no preventive vaccine had been used in twenty-one counties and that it had been employed only to a moderate extent in seventy-two counties. Only four counties in the State claimed its general employment. In addition to the vaccine furnished by the Illinois Influenza Commission and the Chicago Health Department, ten others were employed. As to whether or not these vaccines had served to prevent the spread of infection, nineteen counties offered no definite opinion, twenty-nine answered in the affirmative, twenty-seven were of divided opinion and sixteen regarded the vaccines as of no preventive value. Regardless of definite opinions as to the general value of vaccines, based upon the experiences of these counties, the following figures were gleaned from these very interesting but highly unreliable questionnaires: Counties in which there were no cases after vaccination, 23; counties claiming partial protection, 7; counties in which the severity of the disease was decreased by vaccination, 21; counties

claiming prevention of pneumonia, but not of influenza by vaccination, 1; counties reporting influenza after vaccination, 24; counties claiming pneumonia after vaccination, 4; counties claiming deaths after vaccination, 4; counties claiming absolutely no preventive value, 4; counties claiming disease increased by vaccination, 2.

Medico-Legal Items.

Expert Testimony—Range of Bullet.—In a prosecution for murder a surgeon and an expert, who attended the deceased from shortly after the shooting until his death, and who testified as to the wound, the range of the bullet, and the place of entry, was permitted to testifiy as an expert that a bullet, if fired into a man lying on a fence, could have taken the range taken by the bullet that killed the deceased.—Houston v. State, Texas Court of Criminal Appeals, 204 S. W. 1007.

Nature of Action for Death from Abandoning Patient.—The Supreme Court of New Hampshire, in overruling the defendant's exceptions in this action brought by an administrator and resulting in a verdict for the plaintiff, says that the only question of law raised by the defendant's exceptions to the court's charge, its refusal to charge, and to the admission of evidence as to the deceased's expectation of life was whether an action to recover for a death caused by a physician's abandoning his patient is an action of tort for physical injuries to the person within the meaning of Public Statutes, Chapter 191, Sections 8-13, Section 8 providing is substance that such an action shall survive in the way and to the extent set forth in the following five sections, and the court holds that the action is such a one of tort within the meaning of the statute.—Cochran v. Laton (N. H.), 103 Atl. R. 658.

Communication of Syphilis to Wife an Assault. (State vs. Lankford (Del.), 102 Atl. R. 63).

The Court of General Session of Delaware holds, as the jury was charged in this case, that a husband may commit an assault and battery on his wife, notwithstanding the marriage relation. A wife in confiding her person to her husband does not consent to cruel treatment, or to infection with a loathsome disease. A husband, therefore, knowing that he has such a disease, and concealing the fact from his wife, by accepting her censent, and communicating the infection to her, inflicts on her physical abuse, and injury, resulting in great bodly harm; and he becomes, nothwithstanding his marital rights, guilty of an assault, and indeed, a completed battery. If the accused knew he was infected with syphilis, and his infection was unknown to his wife, the intent to communicate the disease to her by having sexual intercourse with her may be inferred from the actual result. If the jury should find the evidence that the accused, knowing that he was infected with a venereal disease, and, without informing his wife of the fact, had sexual intercourse with her after such knowledge had been communicated to him, and thereby infected her with the disease, their verdict should be guilty. If the jury should find that the accused,, during the period he had sexual relations with his wife, did not know that he was infected with a venereal disease, and that he did not communicate with his wife after being informed that he was infected, their verdict should be not guilty. The verdict was guilty.

Promise to Pay for Professional Services to Another.—In an action for services as physician and surgeon the only question was whether the evidence warranted the court in finding that the transaction between the plaintiff and the defendant created an original or primary obligation on the part of the latter, it being his contention that he was, at most, a guarantor, and that the obligation was void because not in writing. The services were performed for one F. J. Williams, and the plaintiff was called upon to attend him on the 5th day of October. Two days thereafter, according to the plaintiff's testimony, he had the following conversation with the defendant at the Sacramento Valley Hospital:

"I asked him whether he would pay Mr. Williams' bill. I told him I had an understanding he was going to pay the bill, and he said he would. I told him perhaps we had better make the sister feel more easy about the money. When we went downstairs, I repeated the conversation in front of Sister Marie, and the substance was that he was to pay Mr. Williams' bill."

He further testified: "I made three calls on the 7th; on the 8th three calls; on the 9th there were five calls made; and on the 10th he was operated on by myself, Dr. Johnson and Dr. Wilson. I called on him twice subsequent to the operation; on the 11th I called three times; on the 12th I called four times; and on the 13th three times, the day he died." These services, performed after his conversation with the defendant, were reasonably worth, so he said, the sum of $305, and this was allowed by the trial court. It was held on appeal that it was a fair inference from the foregoing that these services were performed upon the reliance that the defendant would pay, and it was also a fair inference that the latter directly promised to make such payment. This constituted an original contract with a sufficient consideration for its support. Judgment for the plaintiff was affirmed.—Meyers v. McKillop (Cal.), 173 Pac. 773.

REPRINTS AND REPORTS RECEIVED.

A New Fracture—Orthopedic Operation Table. By Fred H. Albee, M. D., F. A. C. S., Major M. R. C., U. S. Army.

Fifth Annual Report of the Middlesex County Mosquito Extermination Commission.

Proceedings of the Isthmian Canal Zone Medical Association, January to June, 1917. Published by the Health Department.

The Rockefeller Foundation International Health Board—Jan. 1-Dec. 31, 1917.

Carry On—A Magazine on the Reconstruction of Disabled Soldiers and Sailors. Edited by the Office of the Surgeon General, U. S. Army. Published by the American Red Cross.

Columbia's War Work. Published by the Alumni Federation of Columbia University, New York City.

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SYMPOSIUM ON INFLUENZA

At the Stated Meeting of the Academy of Medicine, held in Newark, Wednesday Evening, February 19, 1919

THE HISTORY OF INFLUENZA.

By Edward J. Ill, M. D., F. A. C. S.
Newark, N. J.

The history of influenza seems to date back to Hippocrates, for there appeared an account of the epidemic of 1777-1782, in London, by one William Grant who calls the disease the Febris Catarrhalis Epidemic of Hippocrates. There is no doubt that the disease is as old as the race.

The earliest real descriptions come down to us from 1378. Before that is seems to have been mixed up with the various other forms of epidemic diseases. In the 16th century (1510 - 1557 - 1580) were years which were noted as particularly severe in the epidemics. It appears from the description given, that the epidemic started in the West and travelled East.

It is interesting to note that all writers agreed that catharsis and blood letting was of particular disadvantage to the patient.

In the 17th century we find the first epidemic in 1602. It was then thought to be a most mysterious pest and was called an epidemic catarrh. It seems that the former epidemics had been entirely forgotten.

In 1626 there was an epidemic which started in Italy and took in part of France, while the epidemic of 1642 and 1643 swept over Hollard and in the following year appeared in Spain, North and South America and West Indies.

The influenza of 1655 began in North America and was particularly severe in the New England States and by 1658 reached Switzerland, Germany and England.

Willis has given us an exact description of the epidemic of 1675-1676. It appears that this was sometimes a summer and sometimes a winter disease, for in 1688 it was found to be in England and Ireland during the two warmest months of the year. On the other hand the first epidemic of the 18th century occurred during the winter of 1709, which was the coldest winter that swept over the whole of Europe in the memory of man. It seems to have been a remarkably severe epidemic, travelling from North to South.

Another severe epidemic of that century was the epidemic of 1729. It started in Moscow in April and reached Italy on the following January and February. It also reached Iceland by March, 1730. At this time it was called contagious catarrhal fever.

The epidemic of 1738-1743 seemed to have started in France. It was particularly malignant in England. The French, now for the first time, called it "grip."

The epidemic of 1757 started in North America and reached the European countries in 1761. The epidemic of 1780 took but a year to reach from Germany to the United States and South America and China.

The severest epidemic of the century, however, occurred in 1782, and travelled through the whole of the known world. It is often said that one-half to three-fourths of an entire people were taken sick and it was even known to start on vessels that were in the open sea.

It is to the credit of T. Christain of Vienna (1782) to first describe the pathological findings of the new epidemic.

The epidemic having started in Russia it was called the Russian disease. A. Braughton called it influenza or epidemic catarrh.

In 1790 it again appeared in the United States, as it did also in 1798. In 1801 the disease appeared first in Brazil.

It was reported that in Strassburgh in 1803 the disease occurred most frequently among its women and old men, children never got it and wine drinkers seldom.

Epidemics followed in 1811, 1815, 1816, 1827, 1930 and 1834. It was particularly severe in Calcutta in 1834. Then there were epidemics in 1838, 1847, 1851, 1858, 1861 and in 1864 it was particularly severe in California.

There was a mild epidemic in the United States in 1873, and a severe one in the memory of some of us in 1888 and 1889.

INFLUENZA EPIDEMIOLOGY.

By CHARLES V. CRASTER, M. D.,
Newark, N. J.

The deaths and disability due to the great pandemic of influenza of 1918 were as much the casualties of war as were the wounded and killed at the battle front, for the reason that had America not entered the great conflict as a belligerent it is questionable whether influenza would have gained a footing in this country. Epidemic influenza was reported as prevalent in Europe as early as 1915 (G. A. Shera, Lancet, London, 1917, 1-450), but did not attract any special attention amongst the combatant nations until the spring of 1918, when influenza in rapidly spreading epidemic form swept from one end of the continent to the other. It is impossible at this time to obtain accurate information of the fatalities due to influenza in the armies of the contending countries, but that they must have been considerable cannot be questioned. Influenza, or Spanish influenza, soon became pandemic and, as an indication of its seeming indifference to climatic conditions in affecting in any way the spread of contagion, reports of its visitation came from every country and clime on the globe. Although influenza of this type has been generallly called Spanish it is questionable whether Spain was its point of origin.

There can be no question that the stage was set in America for just such an epidemic as has recently swept over us. The cencentration of vast multitudes of men in cantonments and camps will always under the best conditions bring about suitable ground for the prevalence of respiratory diseases, so that in 1917 and 1918 the conditions were ideal for epidemic experiences. That such conditions were present was indicated by the reports from nearly every large contonment of the unusual prevalence of pneumonia during the winter 1917-1918, notably in the camps of Camp Dodge, Iowa; Camp Pike, Arkansas; Camp Sam Houston, Texas, and Camp Zachary Taylor, Kentucky, when pneumonia in epidemic form associated with unusual complications became a common experience. This pneumonia was associated with a varying mortality, was atypical and the cause was a streptococcus frequently of a haemolytic type.

Coincident with the epidemic in Europe influenza was reported from various localities in America, according to Soper (J. A. M. A., Dec. 7, 1918), as early as March, 1918, at Fort Oglethrope, Ga. It is certain that there must have been many avenues for infection to be carried, for cases of epidemic influenza had been reported among the crews and passengers of ships arriving in American ports from Europe during June, July and August, 1918. The case of the troopship "Khira," which arrived in New York June 7th, 1918, attracted newspaper attention, inasmuch as so many cases of influenza had occurred among the crew that the ship had to put back to its port of departure. The epidemic, however, would seem to have originated in Boston from which place it spread South and West.

According to Keegan (J. A. M. A., Sept. 28, 1918), the point of infection was from patients on the receiving ship at Commonwealth Pier, Boston, Mass., on August 28, 1918. These cases came from Europe. This type of the disease appeared to be extremely contagious and speard rapidly, not only through New England States, but to every cantonment and camp in America. The disease spread like a prairie fire in a fan shaped wave to surrounding territories and appeared in remarkably short intervals at camps separated by long distances. In the New England States the disease started during the first two weeks of September, in New York and Connecticut in the third week.

It is interesting to note that the occurrence of epidemic influenza in various camps was in some instances previous to and in others after its appearance in the civilian communities. At Camp Devens, Ayer, Mass., influenza was epidemic in the surrounding neighborhood before making its

appearance at the camp. The City of Chicago, according to Dr. Robertson, was evidently infected from the Great Lakes Naval Training Station, situated 32 miles north of that city.

The epidemic at Camp Dix. N. J., and at the League Island Naval Hospital, Philadelphia, occurred in the latter two weeks of September. Philadelphia became infested about the third week of September and Newark in the fourth week. The crest wave of mortality for the large cities appears to have been during the third week of October and this holds good for cities as far apart as New York in the East, New Orleans, La., in the South and San Francisco, Cal., in the West. No better example could be quoted to illustrate the remarkable contagiousness of the disease known as Spanish influenza.

According to Soper, J. A. M. A., Dec. 7, 1919, from September 12th to October 31st, there were among all troops in the United States 306,719 cases of influenza and 19,429 deaths, one in every five had influenza—20 per cent.; one in six developed pneumonia, of whom 40 per cent. died. were the three months of greatest epidemic prevalence, during which period, according to W. H. Davis of the U. S. Bureau of the Census (A. P. H. J., January, 1918), there were 94,267 deaths in the cities of the Health Index from pneumonia and influenza alone.

Epidemic influenza has been characterized in the camps and cantonments by unusual explosive violence, the duration of visitation being about three weeks. A week of quick rise, a crest week and a week of rapid fall in cases and deaths to complete disappearance. The experience of the cities has been somewhat different. The rise in cases and deaths was slower in each city, usually about two weeks leading up to the week of highest prevalence and mortality. The duration of the visitation varied from six weeks to an indefinite period which in some places has shown no tendency to entirely disappear. Indeed it has been the experience of many cities to have a secondary wave of cases and deaths of an intensity nearly equalling the first incidence.

The experience in Newark has not been different from that of other places, in fact any city report of the present epidemic would be found to cover the local situation. Situated as this city was in the track of the spreading wave of infection from New England it was inevitable that infection on a large scale was but a matter of time. It was not, however, till the last week in September, 1918, with influenza raging in New York and in New Jersey and at Camp Dix and Philadelphia, that cases of the disease appeared in Newark. Commencing with 435 cases reported in September, the number increased as follows:

Week Ending	Influenza.	Pneumonia.
Sept. 30th	435	86
October 7th	4131	128
October 14th	7654	427
October 21st	6602	741
October 28th	4593	891
Total	23415	2273

The crest week of prevalence of influenza was October 14th with 7654 cases. The crest week of mortality did not correspond with that of prevalence, but occurred two weeks later when the combined mortality from influenza and pneumonia was 101 per 100,000 population for week of October 26th. The influenza and pneumonia cases reported for three months were:

1918	Influ.	Pneum.	Prop. of Popu. Affected	Prop. of Pneu. to Influ.
Oct.	24,261	2,480	6.2%	10.2%
Nov.	2,465	703	0.7%	2.6%
Dec.	2,543	670	0.7%	1.7%
Total,	29,269	3,853	7.7%	12.8%

During these three months 77 per thousand of the population were attacked with influenza. One in fourteen of the population were victims of the epidemic.

The mortality from influenza and pneumonia during these three months as follows:

1918	Deaths Influ.	Deaths Pneum.	Fatality for Combined Death Causes	of Pneu. Cases
Oct.	970	489	5.5%	19.7%
Nov.	252	155	12.8%	22.0%
Dec.	132	185	9.8%	27.6%
Total,	1,354	829	6.8%	21.3%

During the whole of 1917 there were only 788 deaths from pneumonia and influenza. The combined mortality from influenze and pneumonia appears to have been 6.8 per cent. of the reported cases. The case mortality of pneumonia was 21.3 per cent. and was highest in December, 27.6 per cent.

The case mortality of pneumonia following influenza in the army camps was generally reported to be 40 per cent. of the cases; 20 per cent. of the commands became infected, of whom 16 per cent developed pneumonia.

The cases of influenza reported by age group were significant.

	M	F	Under 5	5-10	10-15	15-20	20-30	30-40	40-50	50-60	60-70	70-80	Ov'r 80
Oct.*	12,744	11,952	1.668	2,471	2,489	3,084	6,959	4,881	1,943	849	268	79	5
Nov. .	1,110	1,355	315	288	235	225	591	509	162	100	29	11	-
	13,854	13,307	1,983	2,759	2,724	3,309	7,550	5,390	2,105	949	297	90	5

*This includes cases reported from Sept. 27th to Oct. 31st.

The age groups of the mortality from influenza and pneumonia were as follows:

	Total	M.	F.	Under 1 yr.	1-2	2-5	Under 5	5-14	15-24	25-44	45-64	65 & ov.
October	1,459	743	716	46	67	103	216	77	277	744	110	35
November	407	203	204	24	20	29	73	16	77	192	40	9
December	317	149	168	23	10	14	47	15	52	148	38	17
	2,183	1.095	1,088	93	97	146	336	108	406	1,084	188	61

The influenza reported by age groups in the City of Newark for two months, October and November, during which this grouping was carried out, amongst 27,161 cases it was shown that 13,940 of these cases were in persons between 20 and 40 years of age; between 40 and 60 years there were only 3054 cases reported. Under five years of age there were 1983 cases and 4742 cases under 10 years of age.

The mortality figures under age groups show by far the greatest mortality in the adult periods. There were 1084 deaths between 25 and 44 years and only 336 under five years of age.

The reason for this prevalence of mortality amongst adults from influenza is not as yet very clear. It has been held by Dr. Guilfoy of New York that the epidemic of 20 years ago has probably immunized all adults over forty years of age, and that there is seemingly an immunity to the disease at the age periods below 20 years. This holds good not only for the susceptibility to the disease, but also to the prognosis with regard to fatal termination.

THE BACTERIOLOGY OF INFLUENZA.

By RICHARD N. CONNOLLY, M. D.,
Newark, N. J.

The Bacteriology of Influenza really dates from the studies made during the great pandemic visitation of the disease that swept over a great portion of the civilized world in the winter of 1889 and 1890. The ten years previous to this outbreak had been marked by the most far-reaching and wonderful discoveries in bacteriology, even, though many of the leaders in the medical world at that time regarded the subject as so new and fantastic as to be looked upon with suspicion.

Some of the discoveries in bacteriology made prior to the outbreak are as follows:

The gonococcus by Neisser in 1879.

The typhoid bacillus by Eberth in 1880.

The tubercle bacillus by Koch in 1882.

The glanders bacillus by Loeffler and Schutz in 1882.

The diphtheria bacillus by Klebs in 1883 and confirmed by Loeffler in 1884.

The streptococcus erysipelatis by Fehleisen in 1883.

The tetanus bacillus by Nicolaier in 1884.

The Asiatic cholera vibrio by Koch in 1883.

This list could be extended, but enough has been mentioned to show that the previous decade had been a remarkable one, and when the outbreak of influenza, or Russian grippe, or lagrippe, as it was called, occurred in 1889, the progressive members of the medical profession felt certain that the etiology of this disease would soon be explained.

The medical and lay papers at that time were filled with accounts of wonderful discoveries and observations by enthusiastic workers, but the vast majority of those discoveries were soon shown to be without basis of fact, and it was not until January, 1892, about two years after the beginning of the outbreak that Pfeiffer, Canon and Kitasato, three independent workers, each announced the discovery of the influenza bacillus.

The description of the bacillus and the observations of Pfeiffer were particularly complete, and their accuracy was subsequently mainly confirmed by other observers. The bacillus was described as one of the smallest of the known pathogenic germs —1.5 microns long by 0.3 microns in breadth —about one-half size of the typhoid bacillus. It had no capsule, produced no spores, was

gram negative and stained best with a dilute solution of carbolfuchsin (1 to 10). It was described as growing best on media that contained hæmoglobin and produced the maximum development when grown on media contaminated with other bacteria, preferably the staphylococcus aureus (symbiosis). It required frequent transfer to new media every two or three days and was found to be easily killed by desiccation and disinfectants. For the latter reason it was regarded improbable that the disease was ever transmitted for long distances through the air.

The bacilli were found in enormous numbers in the discharges from the respiratory tract in uncomplicated cases of the disease, and frequently were found in great numbers within the leucocytes. In cases infected with these bacilli in large numbers, it was observed that even, though, accompanied by pneumococci the condition produced in the lungs was usually a lobular rather than a lobar pneumonia. Numerous cases of meningitis caused by what has been described as a pure culture of influenza bacilli have been reported, and middle ear disease is not uncommon in which these bacilli appeared to be the only bacteria present.

Animals proved to be refractory to infection and, consequently, demonstrable proof of the relation of the bacillus to the disease was lacking, yet in spite of this the bacterium has been generally known for over 25 years as the Bacillus of Influenza (Pfeiffer).

This in brief is the first chapter in the bacteriology of this baffling disease and brings us to the second chapter.

There were so many unanswered questions regarding the relationship of the Pfeiffer Bacillus to Epidemic Influenza and investigators in trying to solve the questions found only that the more the disease was studied, the more mysterious the problem became. For instance: frequently abundance of the bacilli were found in the expectoration of persons who never showed any symptoms of the disease, even at times when the disease was not prevailing, and occasionally victims of the disease were found whose expectoration showed none of the bacilli—the writer, however, has never seen any of the latter cases.

Because of these perplexing questions various theories have been put forward; for example, it was suggested that the epidemic form of the disease depended upon a combination of bacteria of various kinds with the Pfeiffer bacillus; such as the pneumococcus, the strepto- or staphylococci and the micrococcus catarrhalis, etc. Again that certain strains of influenza bacilli of exalted virulence occur from time to time; or that cosmic or terrestrial influences act in some manner to enhance the susceptibility of large bodies of people. Some work has been done with the idea of proving the existence of a filterable virus as the cause of the disease. This, however, is like the previous theories still lacking confirmation.

With these conflicting and unsatisfactory conditions existing, the latest great outbreak of influenza found us as unprepared as a previous generation was in 1889 to combat the ravages of the infection. To illustrate our inability to deal with the disease I may mention that a busy practitioner of medicine recently informed me that he had treated all of his cases by advising them to eat plenty of red onions and drink black coffee, with the result, according to his statement, that his case mortality was as low, if not lower than, that of his scientific neighbor who followed only the recommendations of the most influential bacteriological institutes, or the largest research laboratories in the country.

The concluding portion of the second chapter relates to some interesting and startling investigations recently made by the Federal Government at the U. S. Quarantine Station, Gallups Island, Boston, Mass., under the supervision of Lt.-Col. M. J. Rosenau, and also at Angel Islands, Quarantine Station, San Francisco, Cal., under the direction of Major G. W. McCoy. A preliminary report of the experiments is published in Bulletin No. 57 Confidential, and is entitled Notes on Preventive Medicine for Medical Officers U. S. Navy—Instructions to Medical Officers.

Dept. of the Navy,
Bureau of Medicine and Surgery,
Washington, D. C., Dec. 28, 1918.

Experimental Attempts to Transmit Influenza to the Human Subject.

The following is only a synopsis of the work reported in the above Bulletin and the original is recommended to those who are interested in this very important subject:

At Gallups Island 68 volunteers were subjected to a variety of methods of exposure. Some were inoculated with living germs from five different strains of Pfeiffer bacilli that had recently been isolated. Some volunteers were sprayed and inoculated with unfiltered and filtered secretions from the upper air passages of patients suffering with typical attacks of influenza in the acute

stage, and some were inoculated with the blood of these patients. Ten men were exposed to each of ten selected cases of influenza in the wards of the Chelsea Naval Hospital. Each of the ten patients spoke to and upon request coughed into the face of each volunteer in turn so that each volunteer was exposed to all ten cases, and the total time of exposure for each volunteer was about three-quarters of an hour. None of these volunteers developed any symptoms of influenza.

At Angel's Island Quarantine Station, San Francisco, Cal., 50 volunteers were exposed to similar experiments, being sprayed and injected with secretions and cultures from active cases of the disease, and in no instance was influenza contracted by the volunteer.

The following is quoted from the above mentioned Bulletin and is well worthy of serious consideration: "No conclusions may be drawn at this time from these intensely interesting experiments...." The outstanding facts are that all attempts to transfer the disease from patients ill with influenza in the acute stages (10 to 84 hours) failed. ....."The results of these studies certainly seem to invalidate the conclusions from previous filtration experiments." "The well known ability of those who conducted these researches would vouch for the thoroughness with which the experiments were planned and executed..... "Great praise is due to the more than 100 volunteers who assisted in the work after the danger had been pointed out to them. Fortunately no volunteer was seriously harmed, this, hower, does not detract from the high personal courage displayed by the men."

I may say that this work is being continued at the present time by the same observers, and whether Lt.-Col Rosenau and Major McCoy will solve the problem remains to be seen. At present we are compelled to admit that the third chapter on the Bacteriology of Influenza has not yet been written.

PATHOLOGY OF INFLUENZA.

By JOHN W. GRAY, M. D.,
Newark, N. J.

The Pathology of Influenza during this pan-epidemic includes the severe toxemia resulting from the invasion of the influenza bacillus or an associated virus, and also the secondary infections of the respiratory tract—chiefly the pneumococcus and the streptococcus hemolyticus. Little can be said from a pathological standpoint regarding the uncomplicated cases except that the blood count is below normal or normal, with an essentially normal differential count, and that the urine usually shows characteristics of a severe febrile and toxic disease, namely, a faint trace of albumen with hyaline and granular casts.

Concerning the cases developing pneumonia—approximately 10 per cent.—more can be said. It was my good fortune to observe many of these cases at Camp Dix during the epidemic there and to do autopsies on some selected early cases. The early fatal cases present a striking picture. The skin is purplish in color and some show an emphysematous condition of the subcutaneous tissue of the neck and chest. The appearance of asphyxiation is understood when the chest cavity is opened and the water-logged condition of the lungs is revealed. All lobes are almost completely filled with bloody fluid, a large amount of which can be squeezed out by moderate pressure with the hand. In some of these lungs no visible signs of pneumonia is present, although microscopically bronchioles and alveolar ducts are filled with leucocytes the beginning of broncho-pneumonia.

More frequently visible signs of pneumonia are developed. It is most frequently a broncho-pneumonia type, many times so confluent that it resembles lobar pneumonia. The cut surface has a mottled appearance, each bronchiole standing out as a grayish area with intervening dark red alveolar tissue. In the more prolonged cases this broncho-pneumonia consolidation passes through a more firm gray stage and then to a condition of diffuse and confluent small abscesses. Lobar, lobular and combined types are also found.

The lining of the trachea and bronchi in all of these cases is thick and red denoting a severe inflammatory condition. The pleura in early fatal cases contain petechial and larger hemorrhages, in the later case purulent effusion in a large percentage.

In early fatal cases the right ventricle is dilated, in later cases pericarditis and myocardial degeneration occurs. The liver and spleen are slightly enlarged. The spleen rarely shows the enlarged flabby condition so frequent in other forms of pneumonia. The kidneys are congested and the cortex yellow. The gastro-intestinal tract shows slight congestion and in some cases capillary hemorrhages in the gastic mucosa.

In many cases edema of the brain is

marked. The arachnoid is widely separated from the pia. The cerebral vessels are distended and the ventricles are dilated. In some a plastic exudate appears along the vessel margins, and a subacute basilar type of meningitis may be present. Pneumococcus can usually be grown from the exudate of the latter cases. Pus is frequently found in the sphenoid and ethmoid sinuses as well as in the middle ear and mastoid cells. The organism in these instances is usually the streptococcus.

As stated the leucocytes are not increased in uncomplicated cases. Frequently there is no increase even after the development of pneumonia. Leucocytosis usually developes but never is uniformly characteristic of the ordinary pneumonia. It may be 12,000, 15,000, 20,000, or even 30,000 with the polynuclear per cent. ranging from 70 to 95 per cent. During the acute stage the red cells and hemoglobin are not changed, later both are reduced. It is usually a parallel reduction and in some cases to less than one-half the normal amount. Keegan in his report from the Navy Hospital, Chelsea, Mass., interpreted the persistent leukopenia as due to an uncomplicated influenza pneumonia, since this organism calls forth no defensive leucocytosis in the circulating blood. He succeeded in recovering the influenza bacillus from the lung tissue in 28.6 per cent. and in pure culture of 31.6 per cent. of the 33 cases autopsied. In a recent report from Fort Riley it was recovered in pure culture from the lung tissue in only one case out of 51 cultures, but frequently combined with other organisms. In Major Clark's work at Camp Dix it was not recovered in pure culture in any case from the lung at necropsy.

The influenza bacillus has not been found in blood cultures as far as I know. The pneumococcus and streptococcus are very frequently found in such cultures. Reports from various camps and large hospitals differ widely in many respects, but all agree that the type 1 pneumococcus is seldom present. This is of vast importance in treatment and has led some workers to use other serum than type 1; namely, the polyvalent serum with the hope of combating the other types.

The question may well be asked, why in these pneumonias caused by the pneumococcus only 2 or 3 per cent. are type 1, while 30 per cent. with oardinary lobar pneumonia are type 1? I cannot answer the question except by quoting a paragraph from Major Clark's conclusions, which seems to offer a good suggestion along this line. He says: "We are of the opinion that the infection begins in the upper respiratory tract and is characterized by an intense exudative inflammation. Tracheitis and intense bronchitis follow. The exudate in the severe cases is so thin and voluminous that neither coughing nor the ciliated epithelia suffice to throw it off. The lungs soon become water-logged. This exudate carries with it into the lungs the organisms ordinarly found in the nose, nasopharynx and throat, namely, streptococcus, type 4 pneumococcus, M. catarrhalis, etc. A confluent lobular pneumonia ensues, caused by one or more of these organisms. In other words, we consider this a type of aspiration pneumonia."

CLINICAL ASPECT OF INFLUENZA.

By James H. Rosecrans, M. D.,
Hoboken, N. J.

I have to speak about an epidemic of an acute respiratory disease, in which I have no evidence that death occurred except from pneumonia or its complications. The pneumonia mortality rate was placed as high as 35%. An epidemic that spreads throughout our whole country, that wherever we look there was nothing but the image of death. On December 2, 1918, the public health service reported 350,000 deaths during the epidemic. As if the angel of death had been abroad throughout our land so that you could almost hear the beating of his wings. Like a clean and brave warrior the disease attacked the strong and husky. School children and persons from 45 to 60 did not suffer much from this epidemic. It has been found out at Framingham, Mass., that chronic respiratory diseases like tuberculosis gave a protection against this epidemic. The Italians were very susceptible to the epidemic; it is said ten times more so than the Irish. We know that the colored people suffer much from tuberculosis and it is said that they were more immune from this epidemic. It was like the willow tree which bends to the tempest and oftimes escapes better than the sturdy oak, which resists it.

The symptoms of influenza during the epidemic make a diagnosis easv. It is, as I have said, a respiratory disease. At first you find a pharyngitis. This pharyngitis with a red, blistered beefy look is a cardinal symptom of influenza. The temperature

may be only 99 and the pulse 80, yet it is the red light of danger. If it lasts more than three days some form of pneumonia is developing. The blood picture is very striking, with a marked leucopenia; leukocyte counts of 2,000 per cubic millimeter were not uncommon. This leukocyte count could easily be distinguished from malaria, typhoid fever, or tuberculosis by the history. This condition of the blood doubtless accounted for the marked prostration and the need of rest, fresh air and warmth in bed. For as the patients improved the leukocytes increased. I had a patient with pneumonia of the streptococcus infection who recovered and whose leukocytes soon rose to 15,000. This desire to create a leukocytosis, led many to use vaccines as well as alcohol, which increased the leucocytes.

Soon you hear rales at the base of both lungs and if the temperature is 102 or 103 you may be sure of a pneumonia. You may have it confined to one lobe as a lobar pneumonia, but often rales are found in other parts of the lungs of the broncho-pneumonia type. If the temperature keeps up to 103, pulse 80 to 90 and respiration 25 to 30, on the seventh or eighth day we find resolution; but with a temperature of 105 and pulse of 120 or more and respiration of 50, the happy resolution oft turns to the sad desolation of the family. Still with these bad symptoms we may find pus in the pleural cavity—empyema. The headache is very severe, doubtless caused by intercranial pressure or sinus involvement. Albumen is often found in the urine during the pneumonia and may account for the backache, and may be due to a conjestion of the kidneys. Pregnant women often aborted. Sweating and other septic symptoms were very common.

This very imperfect clinical picture of influenza impresses me that there is a deadlier foe than gunpowder, and while it is fought in the open and with the strongest, often sparing the weakest, yet if our homes would be safe, we must conquer influenza.

TREATMENT OF INFLUENZA.

By William Petry, M. D.,
Newark, N. J.

During the four months ending January 31, 1919, I had under my treatment in private practice 595 bed cases of influenza; of these 56 developed unmistakable pneumonia and it was my misfortune to lose seven through death. Three of my fatal cases were youngsters between the ages of 13 and 17 years, who had previously been in robust health; two were pregnant women, one of whom had been under my care for albuminuria for several months prior to her attack; one was a man with chronic endocarditis, who developed cerebral embolism about one week after the subsidence of pulmonic symptoms, and the seventh was a young woman who early in the course of her last illness developed an acute nephritis.

This short paper is based on the experience gathered in this series of cases; the writer preferring this course to a rehash of the many papers written on the subject recently; hoping thus to stimulate a discussion which may afford instructive suggestions, based on your extensive experience.

Prophylaxis.—I have had no experience with the so-called protective vaccines. The hidden identity of the specific germ, the absence of immunity following an attack, and the negative result obtained in careful and fair tests made under the auspices of the U. S. Public Health Service, have been instrumental in establishing in my mind an unfavorable estimate of their efficiency. We are all anxious to hear the evidence from those among you who have had experience in their use.

The intelligent use of gauze masks by the patient and his immediate attendants is a measure which has much to commend itself, but there are so many possibilities of faulty application that it can hardly be accepted in private practice as an efficient prophylactic. For general use by the public it has proven to be utterly useless.

The systematic spraying of the nose and throat with antiseptic and cleansing solutions is of undoubted value. The writer has apparently protected members of infected households by the application of a spray of 5% argol solution.

General Management—The general management of a case of influenza is of prime importance. Every case, no matter how mild should be put to bed in a light, well ventilated, but heated room. I am firmly convinced that the so-called cold air treatment is never admissible in influenza or any of its complications. A separate bed, and if possible, a special room should be provided for each patient. The most troublesome cases were encountered where two or more patients were huddled together in a small room.

The patient should be clothed in flannel garments and should remain under light but warm covers. The use of the bed pan should

be insisted upon. The patient should remain in bed for at least five days after the return to normal temperature.

The most appropriate diet is one consisting of milk, well-cooked cereals, fruit juices and stewed fruits. Beef-tea, broths and eggs can well be dispensed with during the febrile stage of the disease and are only employed when the patient for some reason or other cannot take milk.

Medicinal Treatment.—Before instituting medicinal treatment it is of the greatest importance to determine whether or not pneumonia is present or impending. In cases where this menace can be excluded the remedy par excellence is undoubtedly aspirin, more properly now designated as acetylsalicylic acid. So uniformly good have been the results of its administration in the writer's experience, that he looks upon this drug as a specific for influenza, as much so as he does upon quinine for malaria; it is his conviction that if used early enough in combination with rest in bed, it is capable of preventing the grave complications of the disease. He uses it without fear in all ages, from infancy to senility and excepting occasional gastric irritation and tinnitus, he has never observed any harmful effects. Perhaps the only cases of influenza in which aspirin is contra-indicated are those in which acute or chronic nephritis is present.

Aspirin, I know, is classed by many with the so-called coal tar derivatives and charged with the odium that rightly clings to that group of drugs. I maintain that it should not be thus classified, that it is no more a coal tar product than are the other salicylates, that its chemical structure differs radically from that of the other synthetic antipyretics and analgesics being merely a combination of salicylic and acetic acid. It passes through the stomach unchanged and liberates its salicylic acid radicle in the alkaline juice of the intestines. In influenza it is a most reliable antipyretic, it acts as a prompt diaphoretic, is distinctly analgesic and in most cases a sedative. I have never been able to discover any evil effect upon the heart; on the contrary, its use in cases with weak and rapid heart action is usually followed by marked improvement.

Aspirin then, in proper doses should be administered as soon as the patient has been placed in bed. In adults I usually give 10 grains every 2 or 3 hours. When headache is a prominent symptom 5 grain doses combined with 2 grains of phenacetin give quicker relief than the larger uncombined dose. In cases where a troublesome cough is an early symptom, I add 2 grains of Dover's powder to each dose. Where sneezing and copious nasal discharge is complained of 1/10 grain extract of belladonna added to the aspirin usually gives relief.

The addition of heart stimulants like caffein, digitalis and strychnine to avert any injurious action of the aspirin on the heart, is not necessary. Aspirin does not depress the heart and seems to act better when not so combined.

In the vast majority of cases the administration of aspirin can be omitted after 36 to 48 hours. By that time the temperature has reached normal and most of the distressing pains and aches have disappeared or have become greatly ameliorated. I never use quinine during the febrile stage of the disease; it is of no value as an antipyretic in influenza and if given in fair dosage adds greatly to the patient's discomfort.

The cough which usually develops after the cessation of fever will demand treatment. When dry and nonproductive, as it usually is, ipecac in combination with ammonia muriate gave me the most gratifying results. The addition of ammonium iodide to the muriate is a distinct advantage, greatly increasing its expectorant properties. It should be given in small doses however, otherwise annoying coryza may be produced.

It has been my custom to add to this expectorant mixture a small dose of sodium salicylate. Some years ago I happened to read of a series of experiments conducted in Vienna with a view of determining what drugs are excreted by the bronchial mucous membrane, in which it was demonstrated that sodium salicylate was the only drug which is thus excreted in any appreciable amount. In view of this discovery and the well known antiseptic properties of sodium salicylate, it occurred to me that the administration of this drug might be useful to arrest or to modify the virulence of a pneumococcic infection. Since then every one of my pneumonia patients with healthy kidneys has received sodium salicylate during the first two days of the disease. In this epidemic I prescribed it for every case with a cough. The comparative mildness of the vast majority of my pneumonia cases, especially during the late epidemic, confirms my belief in the efficacy of this treatment.

When the cough becomes moist and the expectoration free, I administer opium or one of its derivatives, usually preferring small doses of heroin hydrochlorate to the larger doses of codein generally recommended.

Other symptoms that require attention are constipation, asthenia and insomnia. I do not consider it wise to purge these patients too vigorously. Small doses of calomel followed by a saline gives the best results.

For the insomnia it was sometimes necessary to resort to the veronal. The anorexia and asthenia are best combatted with bitter stomachics, strychnia and small doses of quinine.

Pneumonia.—When there is reason to suspect the presence of pneumonia, which is commonly a day or two before the physical signs can be demonstrated, the treatment must be carefully guided by the symptoms presented and by the general condition of the patient. All attempts at reduction of temperature by means of drugs must now cease. Permit me to repeat that I am opposed to the cold air treatment of these cases of pneumonia.

As a rule very little medication is called for. The greatest reliance must be placed on careful nursing and proper hygienic measures. Dry cupping and counterirritation over the affected part of the chest is of very great value and should always be applied. I have had good results from the application of cold water compresses, especially in children. The heart must be watched carefully and digitalis administered as soon as any signs of weakness appear.

Serum treatment to my mind has no place in private practice during an epidemic like the one through which we have just passed.

The cases must be treated symptomatically and not too much should be attempted with drugs. As a matter of routine, mindful of the role that acidosis plays in all of these cases, I always administer sodium citrate or bicarbonate or the solution of ammonia acetate.

When edema of the lung develops and is associated with cyanosis, the case usually terminates fatally. In such cases I have tried oxygen, large doses of atropine, digitalis, caffeine, camphorated oil and strychnia, all without any effect on the outcome. The Trendellenburg posture has been recommended to facilitate the drainage of the lung. I gather from the reports of men who have written on this subject that this procedure did not appreciably change the usual course of such cases.

To search for a focal infection as the cause of neuritides and obscure artritides is scientific and therefore commendable; but to rob such patients of their tonsils or teeth without very satisfactory indications is perverting scientific zeal to unscientific enthusiasm.

COMPLICATIONS OF INFLUENZA.

By WILLIAM F. KEIM, M. D.,
Newark, N. J.

Uncomplicated Influenza is a more or less transient infection of from 3 to 6 days duration, but when to the original infection is added a pneumococcus or streptococcus infection, or both, the gravity of the condition is greatly increased and the duration of the illness much prolonged. Whether the pneumonia associated with this epidemic of influenza is to be regarded as a more severe form of the original infection or as a complication, has not yet been determined.

The incidence of pneumonia among influenza patients varies considerably in reports from different camps, also from diff rent districts. Great aggregations of people, and poor housing conditions, have been strong factors in the causation of pneumonia while sunshine, fresh air and isolation have given the opposite results.

The complications of influenza are many and varied. Almost every organ in the body has been attacked more or less. In the limited time allowed for this paper it will be necessary for me to confine myself to those complications within the domain of my practice —head complications. Other complications will be mentioned with the hope that they will be fully discussed by those present.

In a disease such as influenza, involving the entire respiratory tract, one would expect to find numerous cases of otitis media, mastoiditis and sinusitis, but so far as I can learn this has not been so. While there have been some cases, we have all, I think, been agreeably surprised at the limited number.

In the Newark Memorial Hospital there were 154 cases of influenza, of which 95 had pneumonia, without a single case of otitis media, mastoiditis or sinusitis.

In St. Michael's Hospital, of 337 cases of influenza, 150 of which had pneumonia, only four cases of otitis came to our notice. Two were mild cases of otitis media, which did not suppurate, the other two were purulent, with mastoid involvement. One case cleared up in a few days after incision of the ear drum, and the other, a double mastoiditis, cleared up on one side only, while the other mastoid showed no disposition to improve. It grew steadily worse until operation became imperative. This man had been very ill with pneumonia; his lungs were still so badly involved that it was

deemed unwise to give him a general anaesthetic. The operation was done under local anaesthesia with very little discomfort to the patient and with a very satisfactory result. Three days after the operation the patient developed a pleurisy followed by a very large effusion. Had he been operated on under general anæsthesia, the anæsthetic would probably have been blamed for the pleurisy.

In the ear clinic at St. Michael's Hospital we have seen quite a number of ear infections in patients who gave a history of having recently had influenza. Some were mild, non-purulent cases, clearing up in a short time; others had a profuse purulent discharge which improved quickly under treatment. Four developed mastoiditis requiring operative interference. One case developed a sinus thrombosis very early in the attack of mastoiditis. The lateral sinus was opened, the clot removed, and the internal jugular resected. He made a good recovery.

Bearing on the subject of head infections, and in seeming contrast to what has just been said, I quote a very interesting report made by Major Stone and Captain Swift of 41 necropsies following death from pneumonia at the Army Hospital at Fort Riley, Kansas:

"Meningitis of a subacute basilar type associated with edema was a striking feature in 58 per cent., while brain edema without meningitis was present in 21.9 per cent. Otitis media and mastoiditis existed in 41.5 per cent. Sphenoiditis was present in 68.3 per cent. Ethmoditis in 31.7 per cent." From this report it would appear that there are a great many more inflammations of the ear and sinuses than clinical reports lead us to believe.

Ears are generally not examined until the patient complains of pain or discomfort in the ear, and frequently not then with any degree of accuracy. If the eustachian tube remains open the ear may drain and luck is with the patient, but if it closes and an abscess forms it will be recorded as a complication. In some cases the patient is too ill to give signs of his pain and the ear complication is unobserved until abscess has formed, drum has ruptured and much damage has been done in the ear.

A more careful and systematic examination of the ears in pneumonia patients would no doubt disclose many mild inflammations that would otherwise pass unnoticed, and also draw attention to the severer proc- cases in their early stages before great damage is done to the middle ear and mastoid.

Sinusitis of the ethmoid and sphenoid is without a doubt present in many cases in which a diagnosis is not made. The patient is in no condition to submit to a careful rhinological examination, nor is it usually necessary. Inflammation of the sphenoidal sinus will give pain in the epipharynx, radiating to the occipital and parietal regions. Inflammation of the ethmoid will be manifest by a peculiar drawing pain over the root of the nose. Those cases which die and come to autopsy, would naturally show a large proportion of sinuses containing pus, since resolution had not yet taken place.

It is probably true that in all cases of influenza in which there is nasopharyngeal inflammation, a part or all of the sinuses are involved. As the acute symptoms subside, resolution in the sinuses takes place. If there is no obstruction to drainage the pus is freely discharged and the sinuses become normal. If however drainage is not good, or if too great damage has been done to the sinus walls, complete resolution does not take place and a chronic condition supervenes.

Drs. Stone and Swift also report that in quite a number of cases the sphenoidal sinus was filled with pus, under considerable pressure, but in no case was there bone necrosis or evidence of extension of the infection from the sinuses or ear to the brain. Pus under pressure in the sphenoidal sinus would give raise to considerable pain radiating to the occipital and parietal regions. Hoarseness, persistent cough, dryness of the pharynx, with a dull pain radiating over the vault of the cranium and to the occiput suggests a persistance of sinusitis.

The other principal complications as I understand them, are: pneumonia, pleurisy with effusion, empyema, paricarditis, endocarditis, myocarditis, meningitis, cerebral edema, nephritis, abortion and miscarriage, embolism—splenic, renal, pulmonary and cerebral.

Of the less frequent complications may be mentioned various psychoses, appendicitis, cholecystitis, retinitis, erythema nodosum and deep muscular abscess.

This is the thing which I know and which, if you labor faithfully, you shall know also—that in reverence is the chief power and joy of life; reverence for what is pure and bright in your own youth; for what is true and tried in the age of others; for all that is gracious among the living, great among the dead and marvelous in the powers that cannot die.—Ruskin.

THE CULT OF COLD.*

By CHARLES D. BENNETT, M. D.,
Newark, N. J.

Why this cult of cold? And why should there be any cult of cold or of any specific method in the treatment of any self-limited disease and more especially of a disease whose normal duration is so well known and is ordinarily so brief. We have hardly any other disease of modern life that is so definite in its career and whose symptoms follow such a well-recognized precession, as pneumonia, and practically we may say, that barring a few unusual conditions which we may discuss later, we can at once fortell, with great exactness, what will happen to the patient in the next seven or eight days.

It is a general and a good rule in medicine, that self-limited diseases cannot be materially shortened in their duration and that the most rational treatment then is not to attempt to crush the disease, but to support and fortify the patient's weakened resources, so enabling him to endure until the usual time for the termination arrives.

As Jurgensen writes: "Nature cures and the only duty of the physician is to maintain life until this cure is complete." This course resolves then not necessarily into a specific treatment but into what might be called an aggressively expectant one. Conditions are met as they arise or, even better, are combated in advance and often thereby preventing the development of serious degrees of symptoms. Yet it is true that through all times, a remedy or plan has been sought which would abort even a short illness like pneumonia.

Innumerable lines of treatment have been advocated, each author of a specific method claiming wonderful success and reporting long lists of cures. Unfortunately it has usually happened that no one else could obtain such results and generally, in later epidemics, the advocate of the specific treatment has found his own method valueless.

Just at present the cry seems to be for *cold* air. One does not hear the necessity for *pure* air so strenuously advocated. The desirability of the air being pure is admitted by all but it seems to be assumed that cold air is necessarily pure air or that it contains some peculiarly invigorating factor, possibly an excess of oxygen or ozone or some vague and quite indefinite element which we might, in default of a better term, style X air. I can, however, find no just ground for such assumption. The composition of the atmosphere is fairly well determined and is exceedingly definite. There is but one active agent in uncontaminated air and the others, such as nitrogen, argon, neon and the rarer constituents are, so far as breathing purposes are concerned, simply oxygen diluents.

I do not find that cold air contains any more oxygen than warm air and if this is admitted to be true there can be no advantage in the use of cold air over warm air unless cold or heat are in themselves factors of importance.

We may consider this point of view by first reminding ourselves that mankind's greatest and best activities on earth are in the regions which we call temperate zones. These are, of course, subject to great variations in temperature, but their inhabitants are best able to lead their normal active lives when these temperatures run along a mean of about seventy degrees Fahrenheit. When conditions vary from this, either for increased heat or cold, then we must fight such conditions, and by additional clothing or by artificial heating, oppose the lowered temperature or by lighter dressing or some forced cooling, combat the heightened temperature. The point is, that any marked variation from our normal atmospheric warmth, whether for heat or cold, is detrimental, and if heat or cold becomes excessive, we succumb to it. We endure cold better than heat, but only because we can better protect ourselves against low than against high temperatures.

Our safety margins are narrow. Forty degrees up or down puts us on the defensive. And this is what happens when you take your pneumonia patient from a warm room of say, seventy degrees, and expose him to winter temperatures of twenty to thirty degrees. The ultimate effect if continued, must, to my mind, be depressing.

Gilman Thompson (Jour. Med. Sci.), strongly advocates fresh air even in, as he says, temperatures of thirty-five to forty degrees Fahrenheit, placing his patients outdoors, on balconies or near open windows. Note, however, that this temperature is not very low and also that his conclusions are drawn largely from his experience at the Presbyterian Hospital and that these patients were from the poorest classes. There can be no question but that these invalids, at their homes, were in most unhygienic

*Read before the Newark Medical and Surgical Society.

circumstances, with many persons crowded into small illy ventilated rooms, often with no openings directly to the outer air, and the majority of rooms were those in which the sun never shone. Add to these conditions poor food and bad food and little or no nursing and very little care from physicians and it is not difficult to understand that such patients would do better out of doors in moderate weather. Both patients and nurses agreed that the patients felt better—one would expect them to. But Thompson further states that caution must be exercised with the aged, with feeble infants and with those suffering from cardiac disease. I have seen women of seventy years treated in rooms where the temperature was hovering around fifteen degrees and have seen them die later.

Where I have seen this method used, there has seemed to be no selection of the proper case for exposure. The thought and the consequent rule seemed to be—If it was good for one it must be good for all—consequently all, weak or strong, young or old were plunged into the cold air bath.

It should never be forgotten that the conditions surrounding the very poor and the well-to-do are essentially different. Bedrooms among the better classes, while often insufficiently ventilated, never approach the intolerable conditions to which the very poor are exposed.

M. H. Fussell, writing in the Therapeutic Gazette, admits, as I do, the great value of fresh, or pure air, but sees no especial virtue in cold air, calling attention also to the fact that cold air is not necessarily pure air. He requires free ventilation but allows the room to be heated. In the Amer. Jour. Med. Sci. he urges that windows be left open day and night or that patients be placed on fire escapes, the only porches of the tenements. But this experience was also among the very poor who had no normal means of ventilation and he even insisted that babies should be brought to the dispensary every day, ignoring the weather and claiming good results from these little outings. It is not only possible but quite probable that benefit did accrue and that these babies thus obtained a few breaths of better air which their ignorant or incompetent mothers could not or would not give them at home.

Thompson, however, definitely states that it is not necessary that the air should be cold but fresh, that is, not cooked or superheated air but pure and unused air. He believes that the treatment of pneumonia is symptomatic and I commend this article of his as one boiling over with good common sense and as well worth reading.

One is reminded of the old Indian method, when the patient was brought into a condition of profuse perspiration and was then suddenly driven out on to the snow or into the waters of an icy river. Sometimes he recovered. If so the treatment had cured him. Sometimes he died. Then, however it was because he would have died anyway.

If cold icy air is best for pneumonia, then naturally the proper treatment in the heated summer months or in the hot climates would be to place the patient in a refrigerating chamber such as in a cold storage warehouse.

Similarly one might reasonably assume winter would be the best time to have a pneumonia because then the cold external air could most easily be supplied. It is, of course, a fact that pneumonia is most frequent in the cold months, but it is equally true that the percentage mortality is also greater than in any other season; summer giving a better mortality and spring showing a lower mortality than any other season.

Of course it is not merely the heat or cold that induces pneumonia. Continued dry, cold weather or prolonged hot spells are not as a rule followed by pneumonia. It is the sudden alternation of cold, dry days with warmer damp ones that do the mischief by depressing our resistance and so depriving us of the ability to resist infection.

Not the season, not the weather, not even general good health is our best protection. Youth, with its redundant energy, gives us our best resistance.

A table calculated by Andrew Smith from 434 cases in the Presbyterian Hospital well illustrates this:

Under the age of 10 years were 31 cases, all of which recovered. Over 10 years of age the mortality was as follows: From 10-15 years, 9%; from 15-20 years, 23%; from 20-30 years, 22%; from 30-40 years, 37%; from 40-50 years, 42%; from 50-60 years, 66%; over 70 years, 62%, (only 8 cases).

Loomis has stated (A. M. A. J.) the claim that of all who reach the age of fifty years in good health, one quarter die of pneumonia, and those who reach seventy-five years, nine-tenths die of this disease. But one should be very careful about calculating statistics. The statistician claims that figures do not lie, but unless most carefully collated, the conclusions from im-

proper premises will be far from accurate. Young children, excluding infants, are notoriously tolerant of pneumonia. The aged are, as positively, unable to withstand its attacks and succumb by asthenia. Pneumonia is often spoken of as the old man's disease. Alcoholics of course are also poor subjects for pneumonia.

Again as with other diseases some series of cases or epidemics are more serious and more fatal than others. So that the experience of one man or one hospital for one year cannot fairly be balanced against the experience of other men or other institutions in other years or places.

It is well recognized that pneumonia patients in the Adirondacks do very badly and where it is possible an effort is made to move them down to Utica or similarly situated towns. Yet the average elevation of the Adirondacks is not great, perhaps 1700 or 1800 feet, and the change to Utica is not marked. It is true that pneumonia in altitudes such as Butte, Montana, is very fatal. One can understand this from the rarity of the air, but the same explanation can hardly hold good for the North Woods and certainly the cold air of either Placid or Butte does not save the patient.

It was noted in 1906 (A. M. A. J. 1916) that the annual death rate from pneumonia was increasing and in 1912 the mortality from pneumonia in the vicinity of New York was approximating that from consumption. Pneumonia showing 7.57 per cent. and consumption 9.50 per cent. of the total mortality and Dr. Gould has quoted Wilson to the effect that the mortality from pneumonia in the Philidelphia General Hospital in 1911, 1912 and 1913 was 61 per cent. Of course these were probably cases drawn from the poorer and debillitated classes and gave poorer results than might be obtained in private practice.

Loomis in 1906 found the mortality in the four largest hospitals in New York to be 34.8-40 per cent. Dawes and Austen report 32 dealth in 70 cases, 45 per cent. On the other hand Rochester of Buffalo reported in 1908, 210 cases with only 25 deaths, nearly 12 per cent. Incidentally his treatment, although in a cold climate, was by sweating, catharsis and stimulants.

Hare quotes Osler with a mortality gleaned from different years in the Pennsylvania Hospital varying from 16-30 per cent.

Looking back over the records of the last fifty years I find very little change in the mortality rates except as they have always varied in different years and under different conditions.

Whatever the treatment has been, Loomis places the mortality as essentially the same, 20-40 per cent. In 1861 it was given as 24 per cent., and Andral, fifty years ago, reckoned it as varying from 2-33 per cent. I have been informed that the mortality in one of our large local hospitals during the last winter was about 40 per cent.

It is my impression that pneumonia is not only becoming more frequent but that it is becoming more deadly. Whether this is due to adverse conditions, to a more nervous and debilitated and less resistant humanity, to a more abnormal and strenuous manner of living, or to some fundamental error in the treatment of the disease, is an open question. I believe that all of these conditions are factors in producing the present high range of this mortality, but I firmly believe that the exposure of pneumonia patients, at all ages and of all conditions to a very low temperature, is accountable for some of our bad results. The pendulum will swing back again, and there is evidence that even now the rage for cold air is subsiding. The more recent articles in the journals rather urge a moderately cooled, pure air and with this proposition I quite agree.

As one of our famous politicians has recently said, one should have not merely a destructive policy but also a constructive programme and so it is not sufficient to merely find fault with modes of treatment. A definite line of attack should be mapped out and here again opinions will differ, but I have no hesitation in stating the general plan which I should adopt in these cases.

First—Absolute rest, usually but not necessarily in the recumbent position. This is probably one of the most important points in my plan. The heart is always weakened, is working under heavy stress and should be spared in every way possible.

Small doses of morphine (1/20-1/24 of a grain) so relieving pain and shock, assisting in obtaining quiet and rest and promoting perspiration. Early use of stimulants, such as alcohol and digitalis, anticipating a little the inevitable exhaustion. Just here we are facing another danger, in that the present wave of prohibition threatens to deprive us of the ability to use alcohol even in medicine. And not only may its use be prohibited, but many will be influenced by the reform spirit and will refuse to prescribe it even if it remains at our service.

I believe that many of the recently published opinions against the use of alcohol in pneumonia are partly brought about by the present wave of public opinion toward temperance and prohibition, and it was a great pleasure to read Dr. Beverly Robinson's recently published opinion along this line and to find that he, with his great experience, fully corroborated my own opinion..

Strychnine, I also use as an emergency stimulant, but reserve it for critical times and do not think it should be administered in a routine way. The old pneumonia jacket of oil silk and cotton still is of value and is far preferable to the mussy poultice we formerly used. Oxygen relieves the dyspnea and also aids the tired heart. Nitro-glycerine is helpful when the heart is failing. I do nothing to reduce temperature unless this reaches a stage dangerous in itself, say 104-106, then I would use sponging with alcohol and water, or in excessive degrees a cold pack, but this last very rarely.

Never, under any circumstances, use coal tar products in pneumonia. Avoid them as you would avoid a ratlesnake. This, for me, includes aspirin.

Make very little physical examination after the diagnosis is once established. It is worse than useless to be continually disturbing the patient by frequent auscultations as every unnecessary motion only adds to the patient's exhaustion. Give plenty of easily digested food, preferably in liquid form and in small and frequent portions, and last but not least, give plenty of good, fresh unused air, not unduly cold.

I have said nothing about the use of vaccines or serums in this disease because I have not been able to determine that such treatment has any value in this ailment. There have, of course, been published many cases in which this treatment has been used with apparently good and sometimes quite wonderful results, but these cases can easily be matched by other cases under other treatments which have shown a similar quick improvement and withal the case mortality remains about the same.

I have myself faithfully tried this organic treatment, but in not one of my cases of pneumonia was I able to discover that such treatment aided the patient in the least.

A "pathological fracture" is usually due to a bone tumor (sarcoma, carcinoma, myeloma), cyst or gumma. An expert interpretation of a radiograph will best serve to distinguish these. The Wassermann reaction, it must be remembered, is sometimes negative in tertiary syphilis.—Amer. Jour. Surg.

THE NEW HANDLING OF AN OLD PROBLEM—TUBERCULOSIS.

M. James Fine, M. D.,
Newark, N. J.

Municipal control of tuberculosis assumed very definite shape when the late Doctor T. N. Gray took charge of the Division of Tuberculosis about four years ago. Under his able administration considerable improvement was made in the line of field work and in the introduction of modern methods in the campaign against tuberculosis.

The work of the Tuberculosis Division of the Department has been considerably increased since the outbreak of the present war. With the introduction of new industries in the city, such as the making of ammunition and dyestuffs, new factories and industrial plants sprang up almost over night, and many buildings were converted into factories without any thought or consideration for their unsuitability for this purpose. There was also the influx of an increased number of working people to the city, bringing about a scarcity of living quarters, resulting in poor housing conditions and much overcrowding. The effects of such conditions were evident in our mortality for influenza. Furthermore, the effect of influenza on the individual was to lessen his vitality and render him more susceptible to tuberculosis. To combat the possible increased spread of tuberculosis and to meet the present conditions of the overcrowded city, the Department has under consideration the following plan, whereby it is hoped that the disease can be more effectually controlled.

Reporting—It is essential that every case of tuberculosis, whether the patient has his own physician or not, be immediately reported to the Department of Health, and all physicians are required to do so by law to safeguard the public.

Immediately upon receiving a report of a case, a nurse is sent to investigate the home conditions of the patient. These nurses are specially trained and directed to look into and correct the following conditions:

1. The housing of the patient, sleeping quarters, ventilation and physical condition of the home that may influence the recovery of the patient.

2. To prevent the spread of the disease by instructing members of the family, and to correct such sanitary conditions as may be required; particular attention being given

to the disposal of the sputum and other infective discharges of the patient.

3. In many instances the education of the patient by the nurse renders the patient—previously a dangerous source of infection—a harmless and intelligent fighter against the disease. It is proposed to employ foreign language speaking nurses, as there are a great number of foreigners unable to speak English who are afflicted with tuberculosis. This will enable a more thorough understanding to exist between patient and nurse, which, needless to say, is of great importance.

4. In the event of the patient not being under the care of a physician he will be advised to come to the clinic and bring the children and other members of the family for an examination to determine their physical condition and liability to infection.

5. If other members of the family of the patient are found to be tuberculous, it will be the duty of the nurse to advise medical attention or to send them to the clinic for the purpose of examination for removal to a suitable institution.

If, however, the conditions and economic circumstances are such as to permit the patient to stay with his family, the nurse will arrange a method of home treatment whereby the patient can receive the benefit of a sanatorium open-air regime in the home.

Forcible Removal.—Should any home patient, however, refuse or neglect to take the proper care of himself and thereby endanger the remaining members of his family and the community at large, that fact will be reported to the Department of Health, who, when necessary, have the power to forcibly remove the patient to a suitable hospital or sanatorium.

Clinics—When patients are directed to the Department Clinics the physician in charge will assign them to the special clinics instituted for each type of the disease.

1. The Colored Clinic is exclusively for negroes and is conducted by a colored physician and colored nurse.

2. Patients suffering from laryngeal tuberculosis are treated in the Laryngeal Clinic.

3. Children are referred to the Children's Clinic, where certain necessities tending to improve their general health, such as milk, crackers and other food, are provided free. The children are brought to and from the clinics from all over the city, in this way receiving the benefit of special diagnosis and treatment under virtually hospital conditions.

4. It is proposed that a night clinic be established for patients who, because of their economic conditions, are compelled to work and who can only visit the clinic after working hours.

5. It is also proposed that an industrial clinic be established whereby all persons who handle food or other necessities of life shall be examined for tuberculosis. Incidentally, all industrial plants or other places where large numbers of men are employed should have clinics and all employees be examined periodically.

These measures will protect the health of the worker and also give him an opportunity of having the disease detected in its incipiency. Such a course will prevent eventually financial loss to the community and save many workers months of suffering from a wasting illness.

Local Clinics.—There is a great need of clinics in different parts of the city. Sufferers from tuberculosis are prevented from attending the Health Department clinics already established by reason of their distance from populous areas. There can be no doubt that in this way early cases are often neglected and become far advanced before real treatment is possible.

Sanatoria.—If the condition of the patient is such that he requires sanatorium or hospital treatment, he is either referred to Soho, Verona or Glen Gardner. It is regrettable that the number of beds at these institutions is not adequate for the demand for admission, but confidence lies in the fact that the Board of Freeholders have under consideration the erection of a modern sanatorium at Verona, where sufficient accommodations for all patients can be expected.

Convalescent Hospital.—It has been suggested that the Department establish a convalescent hospital where patients could be placed for proper observation until a positive diagnosis has been made, and also for patients discharged from different sanatoria due to expiration of time.

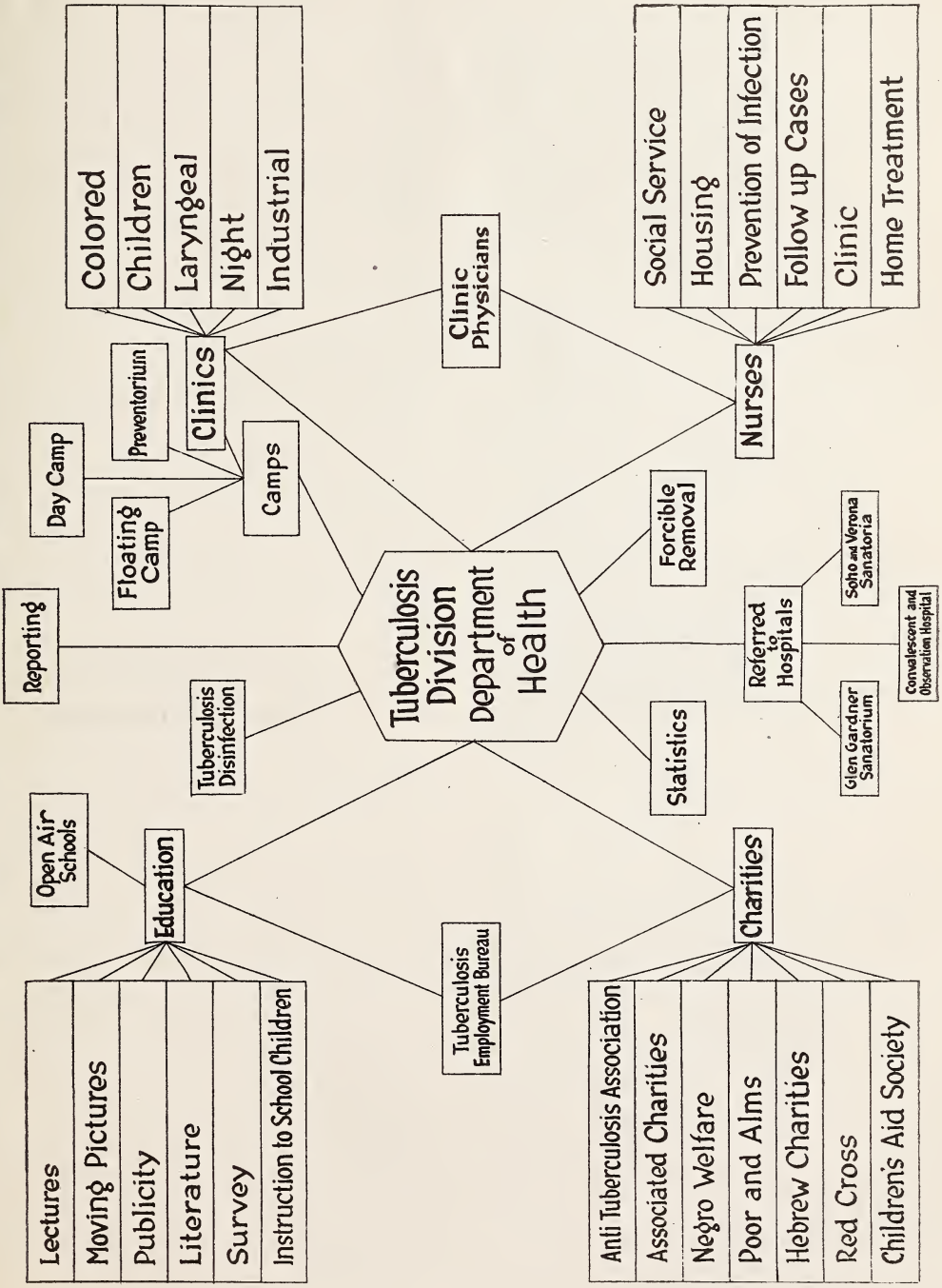
Co-operation of Charities.—If a patient who is the support of a family is sent to any of the institutions or who by reason of his condition is unable to support his family, the members of such family should be referred to the charitable organizations of the city. The Department strongly advocates a system of State Health Insurance, whereby charitable organizations would be eliminated, obviating all the unpleasantness and inconvenience incident to their operation. But until such a system is inaugurated

the charitable organizations must continue to help, and great credit is due them for their past achievements.

Employment Bureau.—It is proposed that an Employment Bureau be established by the Department, or that special arrangements be made with the Municipal Employment Bureau whereby tuberculous patients may obtain employment suited to their physical and mental states. Such an arrangement would also serve to obtain proper employment for the members of the family.

Prevention and Educational Campaign.—Having thus briefly explained the method of control and cure now in effect, and proposed to be inaugurated by the Department of Tuberculosis, there remains to describe the campaign of education and publicity:

ORGANIZATION OF DIVISION OF TUBERCULOSIS, NEWARK DEPARTMENT OF HEALTH



the greatest blow that can be directed against the White Plague:

First—By lectures, which should be given quite frequently in public places or in the schools. A great deal of tuberculosis is due to ignorance, and the instruction of the housewife will tend greatly toward improving home conditions. People should be taught the value of fresh air, wholesome food and temperate habits. This campaign of education could progress considerably through the medium of moving pictures. In our big city large crowds congregate at these places, and if a little lecture were thrown across the screen it would be of definite practical value.

Second—A good measure of assistance in this work could be given by the press in occasionally publishing various articles on health activities against tuberculosis.

Third—The distribution of literature pinter in various languages will also serve a great purpose in educating the public. The masses of the foreign element usually reside in congested areas, and by their very environment are more susceptible to the disease than other persons. The mode of living and housing in general can be corrected by the distribution of pamphlets and other forms of literature upon how to avoid unhealthy ways of living. A survey of known plague spots of tuberculosis throughout the city would be another useful aid, and the real cause of the situation in each particular locality ascertained.

Fourth—Children are known to be a very valuable asset in any educational health campaign. Upon being told something novel they almost invariably go home and relate what they have heard. Thus a very valuable medium of instruction can be made use of, particularly in the case of foreign, illiterate people, who cannot be reached by literature or other means.

It is an admitted fact that ninety per cent. of all children have tuberculosis in one form or another, and the great majority of acquired tuberculosis in adult life can be traced back to some infection during childhood. The health and welfare of the future generation should be the greatest concern of the community. The city of Newark has grown considerably within the last few years, and congested districts are becoming quite numerous, where children are compelled to live by reason of economic circumstances. These children in order to develop propertly must not only have proper nourishment but plenty of good, fresh air and light, and the Department, therefore, strongly advocates the establishment of day camps where children can come during the day and obtain rest, good food and fresh air. The roofs of public buildings could be utilized for this purpose. A floating hospital or camp could be established where exposed tuberculous or pre-tuberculous children would be kept during the day. A very necessary provision in our immediate future plans must be a preventorium where children can be taken away from surroundings where they are exposed to the infection of their fathers or mothers and be kept until their vitality is strong enough to fight off the disease.

In conclusion, the self-evident truth that an ounce of prevention is worth a pound of cure should ever be kept in mind. Local activities have been centered too closely upon the cure and comparatively little has been done in the way of prevention. The menace should not only be met but extirpated. In a city like Newark, in which the growth is so rapid, new health problems will arise with its expansion. Hygienic problems must be considered in the light of modern events, and the methods adapted to meet them employed to the utmost of our capacity.

362 Clinton Avenue.

Clinical Reports.

Fatal Pulmonary Congestion in Influenza.—Drs. Tremollieres and Durand relate the case of a patient with influenza who succumbed rapidly amid signs of massive congestion of the lungs. Autopsy revealed the following state of affairs: intense areas of congestion simulating infarcts, areas of catarrhal pneumonia and of suppuration, numerous pathogenic micro-organisms. Apparently no clinical evidences of pneumonia had developed.—La Presse Medicale.

Transplantation of Bone in Mastoiditis.

Transplantation of a chip from the shin bone of a patient to an aperture by the removal of a diseased mastoid was accomplished in two instances by Dr. Wells P. Eagleton of Newark, formerly a major and chief of the section of surgery of the head at Camp Dix, thereby establishing a new method of treating mastoiditis and opening a new field for surgery. In the past in cases of mastoiditis, the diseased portion of the skull has been removed by surgeons and natural processes have been relied upon to fill the gap left.

An Infant's Sudden Death from Enlarged Suprarenals.

Dr. Eric Pritchard in Proceedings of the Royal Society of Medicine reported a case before the society of enlarged suprarenals from an infant of five weeks who died suddenly. The suprarenals were as large as those in a

sixth month fetus. The thymus and other glands were quite normal. He had known of cases of sudden death in which the thymus had been enlarged and death due to some alteration in the internal secretion, but, as the thymus was not here enlarged, the explanation might be that the suprarenal was taking on the work of the thymus and might show the same tendency to cause sudden death as enlargement of that gland.

Osteitis Fibrosa Cysticus, Involving Shaft of Right Femur and Right Tibia.—Dr. Ramey reports in full a case in a child nine years of age. The diagnosis was made chiefly by x-ray.

At operation, the unhealthy tissue was thoroughly curetted out, and the cavity swabbed with half strength iodine and closed. The femur was treated the same as the tibia.

The child to be in good physical condition at the present time.—(Texas Jour. Med.)

Fatal Case of Syphilitic Pleuropericardomediastinitis.—Drs. Loeper and Grodidier, in Presse medicale, report the case of a young man having a history of pericardopleuritis with effusion complicated with signs of mediastinal compression, The pulse, studied with Jacquet's apparatus, proved to be quadrigeminate. At the autopsy the pleura, diaphragm, the entire mediastinum, and the entire heart were found covered with a lardaceous layer at least one centimetre in thickness. Microscopic examination showed that this covering layer was of syphilitic origin and progressively penetrating into the interstices of the myocardium.

Gangrene of the Foot Following "Spanish Influenza."

Reported by Dr. Joseph H. Andries, F.A.C.S., Detroit, Michigan, in the Michigan State Journal.

Mrs. V.—, aged 47, entered St. Mary's Hospital, Detroit, on November 25, 1918. Referred to the surgical department from the service of Dr. Neal Hoskins.

Father died at the age of 85 from senility. Mother died at the age of 50 from "bronchitis, which lasted seven years." One brother and one sister living and well. History of cancer, tuberculosis or syphilis negative. Has not menstruated since 17 years of age. Had two spontaneous miscarriages and no children. Patient suffered with chronic constipation. There were some rales on the right side of thorax in the region of the fourth and fifth rib in the mid-clavicular line.

Pulse Rate—80, quality feeble. Temperature normal. Systemic circulation; a slight mitral systolic murmur and a diastolic mitral roughness. Present disease began three weeks ago and treatment to date was symptomatic. Urinalysis—Specific gravity 1026. Slight trace of albumin and a large number of pus cells. Otherwise negative. Blood Count—Erythrocytes 4100000, Leucocytes 12000, Polynuclears 82 per cent., large lymphocytes 4, small 14. Wassermann test negative.

Past History—Had an operation for umbilical hernia on June 10, 1914. On October 1, 1914, gall bladder was removed and "several other things done," the nature of which she does not know. On October 29, 1914, she had twenty-four teeth extracted. March 1, 1915, she was operated upon for "lacerations" and prolapse of the uterus. On August 2, 1915, she had "small tumors removed" from the rectum. Says she was confined to bed during the greater part of the time from June 10, 1914, to March 19, 1916. Two years ago she fell out of an automobile causing an indefinite injury to the right knee and a sprain of the right ankle. Since that time her knee was painful at times and especially when in bed (at night.)

Present Disease—Began about three weeks ago (before time of operation). Three weeks before beginning of the present disease she had "Spanish Influenza" which left her very weak. No history of pneumonia obtainable, but says she had fever, cough and bloody sputum. This condition continued about three weeks in all and she felt well enough to leave her bed. In attempting to get up she had severe pain in both legs and feet and also from the hip downward. She was unable to walk back to bed and had to be carried. On the following day she had a recurrence of the same pain upon rising. The pain in the left leg gradually disappeared and localized in the right leg and later principally in the right foot. Within a few days the foot became discolored and black. Discoloration of lesser degree extended up to the knee joint. There was a painful and tender bulging in the popliteal space.

Diagnosis—Gangrene due to septic thrombosis of popliteal vein.

On November 27, 1918, 9.00 A. M., amputation was performed at the upper third of femur. Patient left the operating table in good condition. On the morning following the operation temperature was 100 and pulse 132 and there was considerable pain in the stump. On November 29, 1918, patient was jaundiced in a state of collapse and the stump was becoming gangrenous. Died November 29, 1918, at 5.30 P. M.

The phlebitis extended well up into the middle of the femoral vein. The vein was excised and the thrombotic material sent to the laboratory for bacterial examination; the culture showed no growth.

The Symptomatology and Treatment of Primary Polycythemia. — Ludin in Zeitschrift fur klin. med., reports the case of a female servant twenty-seven years of age who had been subject to headache, vertigo, hot flushing of the face, and an exaggeration of the color for three years. Later on epistaxis, scintillating scotoma, temporary amaurosis, tinnitis aurium, loss of flesh, profuse sweating, and pruritus occurred. The menses were small in quantity. Examination showed a bluish red color of the face, pronounced redness of the mucosa, no increase in size of the spleen and a blood pressure of 114 millimetres Riva Rocci. The heart and lungs negative. Wassermann positive. The urine contained a considerable amount of urobilin and urobilinogen. Blood examination: haemoglobin, 145 per cent.; red blood cells, 7,300,000, whites, 11,100, of which 0.3 per cent. were myelocytes. There was a little albumin in the urine which disappeared by rest in bed. There was a diminished resistance of the erythrocytes (0.52-0.24), viscosity, 8. Coagulability very greatly diminished on account of the decrease in the thombokinase and fibrinogene. After discussing the

various pathogenic theories of this affection, Ludin is of the opinion that one should unquestionably admit that this morbid process is due to hyperfunction of the bone marrow. With the roentgen rays it was possible to bring the hemoglobin down to 100 per cent. and the number of erythrocytes to 4,880,000.

All of the bones received the rays in turn and during seven weeks ninety-four doses were given according to Gabowand's method, with hard rays and rays filtered through three and four millimetres of aluminium.

Rupture of Pregnant Uterus.

Reported by Dr. Harry L. Read, Louisville, at the Jefferson County, Kentucky, Medical Society.

On February 22nd, 1917, M. H., female, age twenty-eight, married eight years, was referred to me by Dr. Eversole from Bullitt County, Kentucky. According to the history obtained she had missed her menstrual periods in August and September, 1916, and in October was told by her physician that she was pregnant. In December, 1916, during the fifth month of her supposed pregnancy, she became suddenly ill and called her family doctor. From what she told me her illness must have been serious, because two other physicians were called to see her in consultation. According to her statement they told her that she was "bleeding internally." She was kept absolutely quiet for two or three weeks and after a month or so she was able to perform her ordinary household duties. During these five months she had gained several pounds in weight, and the abdomen especially had considerably enlarged. The latter part of February, 1917, her menses reappeared, and she has menstruated regularly, but scantily since then.

When this patient came under my observation last February examination revealed an intra-abdominal tumor which was absolutely fixed. It could not even be moved upon bimanual manipulation. The tumor extended upward to the umbilicus, and there was another mass the size of a fist to the right of the uterine fundus, which I thought was a fibroid tumor. It was impossible to determine the exact nature of the pathology, but from the history I did not believe the woman was pregnant. Operation was advised and accepted. Celiotomy February 24, 1917, disclosed the viscera everywhere incorporated in dense adhesions with the uterus slightly bulging outward. After a careful examination I felt safe in opening the uterus, the incision being made through the body just below the fundus and found to contain a dead fetus of about five months' development; in removing the child, disintegrated placental debris, etc., my fingers passed through a large opening in the posterior uterine wall. Investigation disclosed an extensive old rupture of the uterus, the small intestines and cecum being adherent to and forming the major portion of the posterior uterine fundal wall. Under the circumstances there was nothing to do but perform a hysterectomy. After considerable difficulty the small intestine and cecum were separated from the fundus and posterior uterine wall. The small tumor which I thought was a fibroid proved to be an ovarian cyst the size of an apple incorporated in a mass of adhesions. This was removed along with the tube which was inflamed. The adnexa on the opposite side ligated and cut close to the uterus, the uterus now free was amputated at the servix, the cervical canal closed with catgut sutures, the stumps of the remaining adnexa sutured to it and the entire stump covered with the anterior and posterior peritoneal flaps. A small drainage tube inserted at the lower angle of the incision and the wound closed. Convalescence was without untoward incident, the woman returning to her home in the country fourteen days after the operation.

(The unusual feature in this case was the fact of the rupture at the fitfh month of pregnancy).

An Interesting Urological Case.

Reported by Dr. N. Finkelstein, Pittsfield, Mass., in the Boston Med. and Surg. Journal, February 6.

A man, aged 32, of Russian birth, travelling salesman, consulted me July 5, 1917, about an attack of sharp colicky pain in his left loin which had lasted about five hours. He gave a history of two other attacks of about two hours, relieved by morphine. He also complained of the following symptoms, which began about eight months ago—headache, dizziness, nausea, constipation, flatulence, frequency of urination without burning or pain. His venereal history consists of a gonorrheal infection four years ago which cleared up in five weeks.

Physical examination.—Patient appeared to be in great pain, temperature, 99; pulse, 90; respiration, 22; blood pressure, systolic, 120; diastolic, 80; pupils equal and react, tongue coated, teeth in good condition, throat normal, heart and lungs negative. Abdomen—marked tenderness on left side with some spasm of left rectus, marked tenderness in left costo-vertebral angle, kidneys not palpable. Urine very turbid, acid, spec. grav., 1020; albumen, a trace; no sugar, no acetone; sediment shows a great deal of pus, many red blood cells, no casts. Cystoscopic examination—trigone congested and edematous, right ureteral orifice normal, left orifice dilated with plug of pus projecting; vesical mucous membrane shows moderate degree of cystitis. Left ureter catheterized, plug of pus dislodged, gush of bloody urine followed withdrawal of catheter with complete relief to the patient. Catheter again passed into left ureter, pelvis entered without any difficulty and obtained urine containing blood and pus; wax tipped catheter negative for stone.

I cystoscoped him three days later, catheterized both ureters and obtained normal urine from the left side, turbid urine from the right side. Phthalein intravenously returned in four minutes from left side, six minutes from right; total output at end of 45 minutes, left side, 35%; right side, 20%.

Patient returned December 15, 1917, still complaining of same symptoms, no further attacks of pain in left side. Cystoscopic examination—normal urine obtained from left kidney purulent from right; phthalein test same as before. Radiograph of both sides of urinary tract—large branching shadow in region of right kidney, left side, negative. Diagnosis—large branching calculus of right kidney with pyelo-nephritis.

Operation, January 5, 1918.—Oblique lumbar incision; kidney delivered; somewhat enlarged; filled with stone. Owing to the enormous size of the stone I removed kidney. Dilated calyces were filled with gravel and small stones. Patient made an uneventful recovery, left hospital in 15 days. With the exception of a little dizziness he was well until July 18, 1918.

On this date, at 6 A. M., patient was seized with violent attack of pain in left loin, which lasted about twelve hours, accompanied by per sistent vomiting and hiccough. Complete anuria for the next thirty-six hours. Catheterization of ureter showed complete obstruction at uretero-pelvic junction. Patient growing gradually worse, semi-comatose, pulse rapid bounding and irregular. Diagnosis—calculous anuria.

Operation July 19.—Oblique lumbar incision; kidney delivered; found to be more than twice normal size; greatly engorged; pelvis small and empty. Stone impacted at the uretero-pelvic junction was pushed up into the pelvis. Pelvis opened and a stone the size of a large bean removed. Kidney decapsulated and cortex incised in three different places to relieve pressure. Kidney replaced, pelvis left open with drainage down to it. Patient voided nine pints of urine the first twenty-four hours after the operation. Drainage removed at the end of the fourth day; no leakage of urine after the sixth day. Recovery uneventful and patient left hospital in sixteen days. Still complained of a little dizziness when last seen, December 15, 1918; otherwise well.

Case of Spinal Cord Tumor.

Dr. Forest Staley, at a meeting of the Washington University Medical Society, St. Louis, reported this case:

Patient is a woman 24 years of age, married, without children. She came into the hospital, Oct. 3, 1918, with a chief complaint of paralysis of both legs. The family and past histories are negative. The onset of the present illness began when the patient was 16 years of age. The first symptom noted was difficulty in walking, especially when lifting feet. About three months after onset of illness the symptom had become aggravated and she would drag her feet when walking. Four months following onset it was almost impossible to move about. She went to the family physician, who pronounced her condition as a progressive myelitis. Six months after onset of illness patient had lost completely the use of her legs. The treatment up to this time had simply been electrical treatments advised by the family physician. About eight months after onset of illness she was completely paralyzed and has remained in this condition since. For the past eight years she has been going to various practitioners, including osteopaths, chiropractors, Christian Science healers.

Present examination shows a complete sensory and motor paralysis below a line on a level with the ensiform cartilage. Deep pressure sensation however, is everywhere present down to the toes, and joint sensation is present but impaired. Pain, temperature and touch are completely lost below a line previously mentioned. There is tenderness over the fourth dorsal vertebra, which corresponds to the sixth spinal segment. Blood Wassermann and spinal Wassermann were negative.

Patient was operated on October 10, and a laminectomy was done. On opening the canal no extradural fat was encountered and what was taken to be the dura bulged up against the bone. An irregular, nodular-looking mass lay to the left of the cord and at first was taken for an intradural tumor. It extended out into the transverse process of the fourth vertebra. The spinal cord did not pulsate at the level of this mass. The tumor, it further developed, was found to be extradural and through the center of it ran what was taken to be the fourth root. The tumor was readily dissected from the dural surface and removed. It was noted that the tumor had eroded the body of the vertebra on which it was resting. The rest of the tumor was removed with a curette and it was found that it extended throughout the left lateral side of the vertebrae, and what was taken to be the aorta could be seen pulsating at the base of the cavity.

Postoperative course was entirely uneventful. As yet there is no marked improvement in patient's condition, although there are a few definite points to be noted. Now she has the sensation of pain to pinprick over the lower extremities. The sensation to pin-prick is keener on the back of the legs than in front. Patient still has no voluntary movements of toes, but the toes move much oftener now than before operation involuntarily. Before operation patient was absolutely sure that she had no movement in the rectus abdominis muscle, but now this muscle can be contracted. There is still no sensation in the anterior abdominal wall. Reflexes are as before operation. At times patient states that there is an indefinite sensation, tingling in character, which is present in the lower extremities—she did not have this before operation. It is too early as yet to say just what the final result will be, but certainly there is some improvement. The microscopic section shows the tumor to be a typical fibroma and the diagnosis is, therefore, a fibroma of the spinal meninges, extradural.

Sarcoma of the Ovary.

Dr. M. Casper, Louisville, reports this case in the Kentucky Medical Journal:

Mrs. D., aged forty-one, widow, with negative family history, first seen June 4th, 1918. The patient thinks she has gained some in weight, which is one hundred and forty-seven pounds; she is very anemic with puffness under the eyes; she menstruates every month, four-day type, less copious the last two months. She has never been pregnant. Her chief complaint is "tightness and discomfort" in the abdomen. Gaseous distension and sense of fullness are especially marked after eating.

Examination shows large evenly distended abdomen—mostly fluid. Vaginal investigation reveals large uterine fibroid and double ovarian tumor with lessened motility.

Celiotomy, June 7th, 1918: Abdomen contained two gallons of fluid mixed with degenerated blood. The uterus contained several fibroids, and a tumor was present in each ovary, the latter being very adherent to all surrounding structures.

A wide hystero-oophorectomy was hastily executed, at the conclusion of which numerous high retro-peritoneal lymphatic glands were

discovered,—and they were extensively enlarged .

As regards the fibroid tumors: they seemed to have existed for a long period of time without causing the patient any discomfort, or even reproducing symptoms suggestive of their presence. The fibroid tumors were in no way extraordinary, the only question which natuarlly arises in this case being how much effect the fibroid had in predisposing to the sarcomata of the ovaries.

In spite of much shock the patient convalesed satisfactorily and left the hospital in three weeks. After being at home a short while she grew rapidly worse, the abdomen soon refilled with fluid to enormous size, and the patient died shortly.

The only comment I desire to add is that this case should have been classed as inoperable from the beginning. However, the lymphatic gland involvement very high in the retroperitoneal space was not discovered until after completion of the operation.

Abstracts from Medical Journals.

Nature of Influenza.—Dr. Baccarani, in the Riforma Medica, Naples, says he is inclined to believe that influenza is a polybacterial epidemic. No one germ is responsible for it. The germs causing it have had their virulence sudlenly enhanced by some mysterious influence, electric, atmospheric or telluric, some sudden modification of the physical and chemical ambient in which mankind lives. Besides the bacteria, the pathogenic factor is probably a complex of many minute causes. These of course are beyond our ken. Too little is known yet of these cyclonoses for us to hazard any serious cortributions to this important subject.

Influenza from a Clinical Standpoint.—A word of warning is given by Moore in regard to prescribing alcoholic stimulants in influenza. He says that the mental state in this malady is so excitable, so unstable, so impressionable, so neurotic, that the seeds of intemperance may be sown by following the unthinking advice to take wine or spirits as a stay in weakness. Moore is convinced that alcoholic stimulants are, generally, not only unnecessary but positively harmful in the treatment of influenza. If ordered at all, they should be given with, or in, food, and only for a limited time like any other powerful drug. In the septic bronchopneumonia, so often met with of late, "turpentine punch" proved a valuable remedy. Ten drops of turpentine on a lump of sugar (when it was possible to get it) added to a wine-glassful of ordinary whiskey-punch, was the form in which this antiseptic stimulant was exhibited.

Blumberg's Sign.

In active peritonitis the pain caused by pressure of the hand on the abdomen is less intense than when the pressure is suddenly removed. On the contrary, when the inflammatory process is subsiding, pain on pressure will be greater. This sign, however, is not infallible.

(1) Spasm, and (2) continued descent as the eyeball is rotated downward.

Pottenger's Sign in Preurisy and Pneumonia.

A rigidity of the muscles of the chest wall particularly of the intercostals is this sign. By gentle pressure with the tips of the fingers over the intercostal space the touch will detect resistance of the muscles overlying the inflamed part very similar to that in the muscles of the right lower quadrant of the abdomen in appendicitis, in the right hypochondrium in hepatic colic, or the general rigidity of the abdominal muscles in general peritonitis.

Notes on Two Signs in Chronic Appendicitis.—Dr. Robert T. Morris of New York City stated that two signs belonging to the sympathetic and autonomic nervous systems were of prime importance in making a differential diagnosis between chronic appendicitis and other affections of the abdomen and pelvis. These two signs did not belong to acute appendicitis. As a result of the chronic irritation of the appendix, impulses were registered upon the second and third right sympathetic lumbar ganglia known as the fused ganglion in such a way that it became hyperesthetic. Deep pressure upon the abdomen about an inch and a half to the right of the navel and a trifle caudal brought out this hyperesthetic point which constituted one diagnostic sign of importance in differential diagnosis. The other sign consisted in permanent distension of the ascending colon. It was what he called the cider barrel sign. Percussion upon the normal left side of the abdomen brought out a note suggestive of the cider barrel in October and percussion over the right side of the distended ascending colon brought out a percussion note suggestive of a cider barrel in March. This chronic disturbance of the ascending colon was apparently caused by exhaustion of its sympathetic innervation due to chronic nagging from the irritated appendix.

Measles a Predisposing Factor Toward Pulmonary Tuberculosis?

Dr. Robert S. Berghoff, Captain M. C., U. S. A., at Camp Grant, Ill., has an able paper on this subject in the February Illinois Medical Journal. He gives an account of 596 cases of measles at the camp and says only 3 showed signs of a reactivation of an old tuberculosis directly attributable to measles infection and one of them had cleared up entirely one month later. He concludes his paper as follows: "Only one of the 596 cases examined was a frank example of an active pulmonary tuberculosis resulting directly from a measles infection. These figures, plus similar ones gathered from other cantonments, seem to vitiate, then, another favorite theory, that measles are a predisposing factor towards pulmonary tuberculosis."

The Remote Result of Tonsillectomy in the Young Child.

Dr. John Zahorsky, St. Louis, Mo., concludes a paper on the above subject, in the Interstate Medical Journal, January, 1919, as follows:

I yield to no one in zeal to have the tonsils or adenoid vegetations removed, at any age, when these have become diseased and useless. When the pharyngeal tonsils become permanently enlarged, so as to cause persistent mouth breathing and deafness, they should be

removed. When the tonsils are deeply imbedded and cannot discharge their contents, and abscesses result, they are a menace to the body. When the tonsils have become scarred from scarlet fever, diphtheria, or a severe streptococcus infection, they should be removed. An infected tonsil which leads to persistent adenopathy, and does not yield to a few weeks' medical treatment, should come out. Children who have had an attack of endocarditis preceded by tonsilar infection should have the tonsils removed.

However, since the remote results of tonsillectomy in the young child have not been sufficiently studied, and my own experience indicates the probability of an increased tendency to pneumonia in such children, I desire to make a plea for a conservative attitude toward the question of tonsillectomy in the young child. The tonsils should not be removed for fancied or trivial causes in a child under seven years of age.

Tuberculosis Associated with Malignant Neoplasia.

Dr. A. C. Roberts, Rochester, Minn., concluded an able paper on the above subject, in the A. M. A. Journal, Feb. 8, as follows:

1. The theory prevailing among the majority of physicians for a number of years and still prevailing among a few, that tuberculosis and malignant neoplasia are antagonistic, has not been borne out by the facts.
2. The fact that some tissues or organs are, to a certain degree, immune from one or the other or both of these diseases does not prove that the two diseases are antagonistic.
3. If the observations of Naegeli are correct, in which he showed that in 93 per cent. of 420 necropsies on adults more than 18 years of age, either active, latent or healed tuberculosis had been present, then it is reasonable to believe that similar findings should prevail in an equal number of persons who have died with malignant neoplasia.
4. It would seem that the reason pathologists are not finding tuberculosis more frequently at necropsy in persons who have died with malignant neoplasia is that the pathologists are satisfied to find the malignant neoplastic condition, and therefore fail to make a thorough search for tuberculosis.
5. Since the surgical pathologist's examination is limited to the tissue removed by the surgeon, he is greatly handicapped in the search for the two conditions associated, while the pathologist doing a necropsy has access to a large part or the whole of the body.
6. The fact that active tuberculosis occurs most frequently in persons under 45, and malignant neoplasia, especially epithelial tissue malignant neoplasia, most frequently in persons over 45, does not prohibit the association of latent and healed tuberculosis with malignant neoplasia.
7. In our series of twenty cases the two conditions were associated in the same microscopic field seven times (35 per cent.)

Dr. G. Giacobini, in La Semana Medica, says that a too ready or filiform pulse is a pathognomonic sign of perforation in typhoid fever. Other signs may be present, but this is the one decisive feature.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

The regular meeting of the Atlantic County Medical Society was held at the Hotel Chalfonte, Friday evening, February 14th. President-elect H. T. Harvey was in the chair.

Dr. C. H. de T. Shivers, Atlantic City, read a paper on "Methods of Handling Venereal Disease at Camp Dix." Captain Shivers illustrated his paper with blue prints of the plan of the hospital which he organized. He described in detail the methods employed to make an accurate diagnosis. He told about the courses of treatment and how the numbers grew from a few hundred treatments per day to above six thousand cases per month.

Dr. J. Holmes Smith Jr., Trenton, read a paper on "Venereal Disease Control Measures in New Jersey." Captain Smith urged the physicians to assist the state officials by reporting all their cases of venereal disease. He described a municipal venereal dispensary in New Jersey and spoke of the various methods used in other cities to control and finally eliminate this class of diseases. He attacked the problem from the preventive rather than from the curative standpoint.

Dr. D. Ward Scanlan, Atlantic City, opened the discussion of the papers. He was followed by Drs. Chew, Carrington, E. Marvel, Stewart and Senseman.

The following resolution presented by Dr. E. H. Harvey on the death of Dr. Eugene L. Reed was unanimously adopted:

Death in his recent harvest time has garnered from our very midst: From the community an enterprising, upright and honored citizen; from his friends and relatives and from the profession, a good brother, a worthy colleague, a wise counselor has been taken. A sad, irreparable loss to all has been sustained. Dr. Eugene Reed has answered the Last Call.

Therefore be it resolved, That the Atlantic County Medical Society in condolence extend their hearts and hands to friends and relations in their sorrowful bereavement; that the chair appoint a member of this body, a friend and associate, to pay, at our next monthly meeting, a brief tribute to the memory of our late colleague; that a copy of this resolution be sent to the nearest relative, the public press and be spread upon our minutes.

CAMDEN COUNTY.

Grafton E. Day, M. D., Reporter.

The Camden County District Medical Society met in annual social session at the dispensary on Tuesday evening, February 11. This is the annual meeting at which the ladies, wives, sweethearts, mothers, sisters, daughters, accompany the members of the society and enjoy the good things provided by the always capable committee of arrangements.

This year after a short business session in which it was voted to have three of the four meetings of the year in the afternoon instead of the evening and the election to honorary membership of Dr. John W. Donges and to active membership of Dr. G. Capuano, the business session adjourned to the upper room

where a most attractive entertainment had been arranged. The violin, 'cello and harp trio with their several solos and the magnificent baritone greatly delighted the audience.

Then were we invited to the banquet hall where a feast of good things for the inner man was placed before us with which we regaled ourselves.

The after-dinner speeches were made by the Editor of the Journal, Dr. D. C. English, who is always a welcome visitor to the society, and who seems to renew his youth with advancing years; Major E. B. Rogers, Major F. W. Marcy and Lieut. McAllister, the two latter who had been "over there" gave interesting accounts thereof.

Dr. J. Anson Smith presided at the business session and acted also as toastmaster.

HUDSON COUNTY.

William Freile, M. D., F. A. C. S., Reporter.

This society gathered at the Carteret Club on the 4th inst. as usual. Proposals for membership were acted on. Then the usual program for the evening was suspended, and the floor given to Major Jos. M. Rector, who has just returned from active service at the front. The major in a most interesting and graphic manner entertained the society for an hour and a half, when he told of his experiences, from Brest to the front; tales of flood and field, of hardships and satisfaction, and interspersed his narrative with many anecdotes, some humorous, many pathetic. He referred in glowing terms to the wonderful and timely work done by the Red Cross. The hour becoming advanced, he deferred to another time a discussion of the actual technicalities of military surgery. A vote of thanks from the members was then tendered to him.

The annual dinner followed. Seated at the guest table with the officers of the society were the speakers, Mayor Frank Hague, Judge W. H. Speer and Rev. A. F. Bender.

The first speaker introduced after the dinner by Dr. Nevin, who was toastmaster, was Mayor Hague. The Mayor had chosen as his subject the work that the city government is doing to further the proper care of the public health. Introducing the Mayor, Dr. Nevin characterized him as "taking the greatest interest in the health of the city's people as seen in the establishment of child welfare stations, the addition to the new hospital, the bacteriological and pathological laboratories and roentological departments not excelled by any in the State."

In the course of his address the Mayor said that the city government in the erection of the hospital buildings proposed to open the greatest institution of its kind in the State. "There will be no politics in either the construction or management of the hospital," he said. "Dr. Nevin as medical director of the city," he continued, "will be supreme in the management of the institution and there will be no cause for charges of political intrigue." The Mayor concluded his address with a plea to the doctors to aid in the effort of the city to make the new hospital the best in the country. He invited them to make the City Hospital the medical headquarters of the city, where meetings might be held and experiments carried on.

The next speaker introduced by Dr. Nevin was Judge Speer, who based his remarks on the line chosen by the Mayor. He said that the establishment of a hospital institution such as described by the Mayor would lead to an increase in public spirit and pride among the people. This sentiment which, he said, was sadly lacking in the people of the city, would lead to better things in business and public life. "The establishment of one great institution," he said, "will lead to the establishment of others, and might eventually give Jersey City a hotel or a theatre." He spoke at some length on the activities of fraudulent medical practitioners, whom he characterized as the basest kind of swindlers. He said that many of the men engaged in that game had even established schools for training men in the work and turning out graduates in a few weeks. He said that it was the duty of physicians to wage a constant war on these frauds and to so close their profession to them that it would be impossible for an improperly trained man to gain the confidence of the people.

In the absence of Corporation Counsel John Milton, who was to have been the next speaker, Dr. Nevin called on Dr. Margaret M. Sullivan. In a short address Dr. Sullivan asked the aid of the medical men of the county in the protection of children, especially young girls, who, she said, were often the victims of assaults by men of the foreign element of the city.

The last speaker was Rev. Bender, who chose as the subject of his address "Visionists." He spoke of the great men of the world as having seen the foundation of their work as visions. Their value to the world he said was in that they had worked for the consummation of their visions, and he called on the medical men of the city to work faithfully for the realization of their vision of a better service to the city in their profession.

MIDDLESEX COUNTY.

Charles J. Sullivan, M. D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held in the Nurses' Home of the Perth Amboy City Hospital, February 19, 1919. President N. N. Forney in the chair. The minutes of the December and January meetings were read and approved. The following were proposed for membership:

Dr. H. P. Tobey of New Brunswick, proposed by Dr. Sullivan, and Dr. M. S. Cable of Perth Amboy proposed by Dr. B. H. Sirott. They were referred to the Committee on Ethics, to report at the next meeting.

Dr. Henry H. Janeway of New York City—also a member of our county society—delivered an address on "Cancer and Its Treatment by Radium." He spoke very favorably on the use of radium both as a curative agent in certain types of carcinoma, and also as an aid in carcinomata requiring surgical treatment. He quoted results obtained in several types of carcinoma, mentioning cancer of the lip, the tongue, breast and cervix uteri as responding very favorably to treatment by radium. He said that intra-abdominal cancers do not offer a suitable field for this agent, except in a few selected cases.

The paper was discussed by Drs. Henry, Smith and Spencer.

Those present were: Drs. Forney and Riva

of Milltown; Smith, Brown, English and Sullivan of New Brunswick; Henry, Meinzer, Cable and Sirott of Perth Amboy; Hofer and Hunt of Metuchen; Selover of South River, and Spencer of Woodbridge.

A vote of thanks was extended to Dr. Janeway for his very interesting and instructive address, after which the meeting adjourned.

Local Medical Societies.

Summit Medical Society.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, January 31, 1919, at 8.30 P. M., Dr. Campbell entertaining and Dr. Hamill in the chair.

President—Drs. Bowles, Campbell, English, Hamill, Krauss, Lamson, Meigh, Morris, Wolfe and Tator; also Dr. Woolcott of Summit, Dr. Embury of Basking Ridge and Dr. Wooding, health officer of Summit, as guests.

The paper of the evening was read by Dr. Campbell on "Mucous Colitis." He reviewed the etiology, symptoms and treatment of this condition, and cited cases from his practice, treated with good results. The discussion brought out the almost unanimous opinion that this disease is very stubborn, chronic and difficult to get good results from treatment, with a widely varying use of different drugs. Dr. English has cured cases by the use of ginger. Dr. Lamson recommended colostomy in intractable cases, citing one case which had been cured thereby.

Dr. Wooding then spoke about the prevailing epidemic of influenza, advocating the use of the "cotton jacket" in all cases as a preventive of pneumonia, but some of those present said they had discarded it, and thought it of little value.

Medical Section, Rutgers Club.

The January meeting was held in the Alumni House, New Brunswick, Jan. 10th. A paper was read by Dr. R. J. Faulkingham on "Cancer of the Liver." It was discussed by the doctors present, some interesting and unusual cases were reported.

The February meeting was held on the 14th when a paper was read by Dr. Ferd. E. Riva of Milltown on "The Recent Epidemic of Influenza." It was well discussed.

MEETINGS OF OTHER ASSOCIATIONS.

Health Officials Elect Officers.—At the annual conference of New Jersey Health Officials held in Trenton, January 25, Henry V. Ammerman, Kearny, was elected president; Dr. Talbot Reed, Atlantic City, vice-president, and R. Chandler, Plainfield, was re-elected secretary and treasurer.

American Dentists' Preparedness League.

Post War Course in Dental Surgery as a part of the Post War Course in Dental Surgery that is being conducted in this city under the auspices of the Preparedness League of American Dentists, a meeting was held in the New York Academy of Medicine, on February 8, at which Major Tait MacKenzie of Philadelphia, who served with the British Royal Army Medical Corps, gave an illustrated lecture on "Facial Prothesis and Appliances for Restoring Lost Function." Major Fred H. Albee, in charge of the United States General Hospital at Colonia, N. J., gave a motion picture demonstration of "Bone Grafting as Applied to Oral Surgery." The object of these lectures was to demonstrate to physicians and surgeons what could be done in case of injury of the face or jaw to restore function and secure a good cosmetic effect, even though they might not attempt to do this work themselves.

N. J. Mosquito Extermination Association.

The sixth annual meeting of this association was held at the Chalfonte Hotel, Atlantic City, February 6, 1919. Several able addresses were delivered; among them one by Dr. Fred Hoffman of Newark, who spoke of the great benefit resulting from the drainage of lowlands and said:

"There has not been the required progress in popular education in malaria which is so urgently called for in many sections of the country; and a lamentable amount of apathy exists, which, in course of time, may lead to disastrous consequence, unless precautionary measures are adopted, and practically at once. Perhaps the best practical illustration of this warning is the present experience in the State of California. On a conservative estimate there were last year at least 15,000 cases of malaria in the great interior valley of California, than which there is no more important and promising agricultural territory in the world. There is obvious and wilful neglect on the part of physicians in general practice to promptly report malaria cases as they occur, and apathy or want of power on the part of physicians in general practice to promptly report malaria cases as they occur, and apathy or want of power on the part of the State Board of Health to initiate measures of correction and control while such efforts are still feasible at moderate expense. The menace is so much more serious in California in that the Anophelene mosquitoes prevail over practically the entire area in which irrigation systems have been developed, all more or less with a disregard of the danger to the community as the result of neglect to prevent unnecessary seepage, which, of course, leads to the formation of countless and ideal breeding places.

Director J. A. La Prince of the U. S. Public Health Service, chief assistant to Surgeon-General Gorgas, at Panama, spoke of the lessons learned in safeguarding more than 2,000,000 soldiers and 1,000,000 shipyard and munition plant workers against the malaria-carrying mosquito. One of the greatest achievements of the fight against the malarial mosquito was accomplished at Camp Merritt, at Tenafly, in a district notorious as a mosquito-breeding center, because of the marshlands. Because of the large percentage of the overseas forces that concentrated there prior to embarkation the control of the mosquito was very essential, and in figures quoted last night, Director Le Prince proved that the malaria was at all times under control, which spoke volumes for the Public Health Service and the effectiveness of the co-operating agencies of New Jersey. He observed that it was a tri-

ute to New Jersey's primacy in the anti-mosquito warfare that Captain Jesse B. Leslie was selected for the work at Camp Merritt and Captain Russell W. Gies of Southern cantonements, both being Jerseymen.

Dr. T. J. Headlee, State entomologist, urged State appropriation this year of $100,000 for the work. He said that the $750,000 fund he advocated would increase land values no less than $507,000,000 by the most conservative calculation. The convention indorsed the bill pending in Trenton for the appropriation of $100,000 for the work for the coming year, to be handled jointly by the experimental station and State Department of Conservation and Development for Prison Labor and Equipment.

The following officers were elected for the ensuing year: President, Walter P. Hudson of Paterson; first vice-president, A. J. Rider, Hammonton; second vice-president, Charles L. Myer, Jersey City; secretary-treasurer, Dr. Headlee, New Brunswick.

New Brunswick Scientific Society.

Dr. Henry A. Cotton, Trenton, addressed the New Brunswick Scientific Society on Feb. 24 on "The Relation of Focal Infection to Systemic and Mental Diseases," illustrated with lantern slides.

The Health Officers' Association of New Jersey will meet in Newark March 13. There will be a business meeting at 3 P. M. and a meeting open to the public in the evening. There will be a demonstration of the local milk supply.

Academy of Medicine of Northern New Jersey.

The stated meeting on March 19, will be the anniversary meeting. The address will be by Dr. George D. Stewart of New York City.

The Section on Pediatrics will meet March 11th. After report of cases, papers will be read: by Dr. M. J. Fine on "The Necessity of Accuracy in Diagnosing of Tuberculosis," and by Dr. E. Reissman on "Roentgen Aspect of Tuberculosis."

The Section on Eye, Ear, Nose and Throat will meet March 24. After report of cases, Dr. E. S. Sherman will read a paper on "Focal Infection as a Cause of Certain Inflammations of the Eye."

The Section on Surgery, Obstetrics and Gynecology will meet March 25. After reports of cases a Symposium will be held on Military Surgery by Officers stationed at General Hospital No. 3, Colonia, N. J., as follows:

A visit to General Hospital No. 3 with lantern slides by Lieut. A. J. Treichler; The Measurement of improvement in convalescent soldiers, by Lieut. H. C. Moore; a lantern slide demonstration of the variety of cases examined in the Roentgen Dept. by Lieut. J. J. Sybenga; artificial limbs, their application methods, Lieut. J. J. Barry; amputations, with slides, Capt. E. J. Rose; application of splints, Capt. J. S. Davis; treatment of wounds by Carrel-Dakin method, Capt. A. S. Harden; present status of nerve surgery, Capt, R. J. Behan; reconstruction of Bones, Major F. H. Albee.

The meetings will all be at 8.45 P. M. in the Board of Health Auditorium, corner Plane and William streets, Newark.

Miscellaneous Items.

Psychological Examination for College Entrance.—The faculty of Columbia College, which is the undergraduate department of Columbia University, has decided to introduce a new system of entrance examination which is intended to determine the mental capacity of the prospective student rather than his scholastic training. The old style of examination will be done away with, the applicant's fitness being determined by his school record, his character, his health record, and his mental capacity as determined by a series of psychological tests similar to those applied to applicants for admission to the Student's Army Training Corps. It is hoped that in this way students will be excluded who are mentally unfit to profit by the college training but who, under the old system, might have obtained admission through cramming.

Group Medicine.

At the recent meeting of the American Public Health Association, in Chicago, Doctor Victor C. Vaughan stated: "I hope that there will be proper federal medical supervision for every citizen of the United States. I am inclined to believe that everyone of the 30,000 doctors who will be released from army and navy service will agree to the practice of group medicine. A man who is nationally known in medical practice and whose private practice brought him an income probably ten times that of his salary as Major, told me that if it only were possible, he would much prefer to treat his patients on the army plan."

The war has taught us many things. Not the least among them is the value of team work. Will the medical profession, engaged in the greatest of human callings, be the last group of workers to realize that success and ideals are gained only through co-operation and that days of competition as formerly known have gone down to oblivion with Kaiserism.—Wisconsin Med. Jour.

Records of Unusual Cases to Be Sent to Washington.—Surgeon-General Ireland has directed that all records of individual surgical and medical cases of unusual interest, and such studies of large groups of infections, diseases, and injuries as may be worthy of record, be sent to Washington for purposes of analysis, compilation, and preservation. During the stress of establishing new hospitals and enlarging the medical service to meet the requirements of the war it was impossible to compile all of the material of interest to the medical profession. Hence it is directed that reports should cover from the opening of the hospital, and include methods of treatment, splinting, treatment of shock, new apparatus, technic employed in preoperative and post-operative preparation, a discussion of the experience of the hospital in the use of various forms of anesthesia, and data regarding specific classes of cases.

(Our members engaged in hospital practice would greatly oblige the Editor and help the profession by sending also reports of unusual cases to the Editor for insertion in the Journal.—Editor.)

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Each member of the State Society is entitled to receive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—
All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to The Editor.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal are sent direct to The Chairman of the Publication Committee.

AGAIN WE ASK—

Have you paid your 1919 dues? If not please send them to your Society Treasurer TO-DAY. The Dues, with Journal this year are only Two Dollars. In several States they are from five to ten dollars, but surely the amount is not to be considered when the honor and welfare of the profession requires the enrollment and active service of all legally qualified and honorable practitioners.

The Editor regrets that lately there have been a number of our members who failed to receive the Journal regularly. In cases we have investigated the names of such members were on the mailing list and we think, therefore, their journals must have been lost en route. We are glad to know the journals are missed when they fail to arrive. We hope they will always notify the Editor, or better—the chairman of the Publication Committee—Dr. Bennett, of failure to get the journal. Most of those who have reported heretofore are among our oldest and ablest practitioners and it gratifies us to know that they are among the most regular readers of the journal as they are also the most regular attendants at their county society meetings. We honor them for showing loyalty to their profession and appreciative consideration of their brother practitioners.

OUR ANNUAL MEETING.

Arrangements have been made to hold the 153rd Annual Meeting of The Medical Society of New Jersey in the New Monmouth Hotel, Spring Lake, on Tuesday and Wednesday, June 24th and 25th. The hotel has been chosen often before because of the effort its management has made to provide for the comfort and care of our members and their families. It has been put in better condition than ever—with new furniture, etc., and our Society's members will be its first patrons this year and have exclusive possession—the old time New Jersey Medical Family Gathering. It gives promise of being a meeting of unusual interest. We will be glad to welcome back our members who have been in the army and navy service. Let all who can do so plan to attend.

DOCTORS AND THE VICTORY LOAN

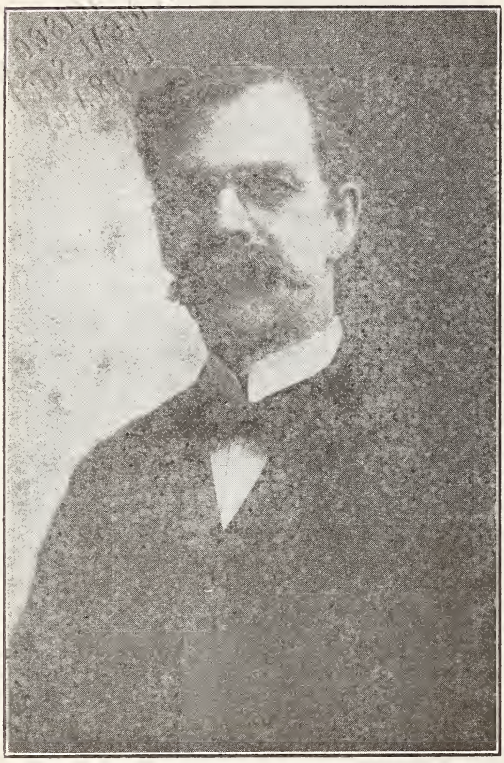
Members of the medical profession are in position to realize more clearly than most laymen,—especially laymen who had no part in the fighting in France—the Government needs which compel the floating of what is to be known as the Victory Liberty Loan. They occupy a position that affords unusual opportunities to explain to others some of the reasons why this last of the popular loans should meet with a wholehearted response.

Nothing, perhaps, in the line of direct appeal, can more surely arouse sympathy for the new offering of the Government than a few facts concerning the needs of the sick and wounded among those who faced death with a laugh at Chateau Thierry and the Argonne.

Americans generally are asked to "finish the job" by subscribing to, and working for, the Victory Liberty Loan. Members of a profession which realizes that the terrible conflict, taxing the resources of surgeons, but at the same time stimulating the imagination of Carrel, Gask, Bastianelli, Brewer and Duval, has been not without its blessings for generations yet unborn, seek particularly to "clean up," that science may be free to develop the discoveries that have been made.

Prepare to buy Victory Liberty Bonds yourself, and prepare to persuade others to buy'

HENRY MITCHELL, M. D.



We are again called upon to record and deeply lament the death of a most highly esteemed member and officer of The Medical Society of New Jersey—Dr. Henry Mitchell, who died at his winter home in Daytona, Florida, January 31, 1919. On November 16, 1918, while staying with his son in Pennsylvania, he had a slight stroke of paralysis from which he was beginning to recover when his son suddenly died, and the shock and grief was so great that his own death followed soon after he returned to Daytona.

Asbury Park largely owes its high reputation as a popular healthful summer resort to James A. Bradley and Dr. Mitchell. The doctor began practice of medicine there in 1879; the year following he organized the city board of health and served most efficiently as its president until 1894, when he became secretary of the State Board of Health. He and his wife were earnest workers in the First Presbyterian Church there and were active in all movements for the betterment and progress of the city, especially in social and literary organizations. They, with Mrs. Bradley, organized the first public library there which is now the City Library. The doctor also did excellent work, along scientific and practical lines, as secretary of the State Board of Health for 14 years after relinquishing practice in Asbury Park in 1894, but was hampered by very inadequate appropriations by the State for the prosecution of the work.

Early in his professional life—as soon as he came to New Jersey—he became interested and active in the work of our State Medical Society; was elected third vice-president in 1900 and president in 1903; from 1904 until his death he was a Fellow and Trustee of the Society.

The Editor esteemed him highly as a true Christian gentleman, an able practitioner, an expert sanitarian and a warm personal friend, and endorses the remarks of the clergyman who officiated at his funeral service—that "his character and life could be summed up in five words—Simplicity, Sincerity, Sweetness, Strength, Service." We shall greatly miss him.

A fuller biographical sketch of the doctor is given on page 106. We have been unable to secure a late photograph but the one above is as he appeared in the years of his most active life.

THE DOCTOR IN WAR.

The vigorous development of the men in camp under the wholesome regime of the soldier in training, has been a matter of surprise and delight to thousands of families in the United States. The good effects of modern military life is not less apparent in the mass than in the individual. The strict sanitation of the camps, the scientific nutritional control, the active out of door life, and the careful medical supervision of the physical condition of the men, have reduced the incidence of disease so that the total death rate in Great Britain both civil and military for the first three years of the war, was but very little higher than what would have been considered an average rate in the civilized countries of Europe sixty or seventy years ago. The higher wages paid to munition workers and the shorter hours of labor have enabled the laboring classes of Great Britain and France to live with a degree of comfort and an abundance of food which has lowered the incidence of disease, drunkenness and crime to a hitherto unprecedented figure. The increased vigor due to better and more abundant food has caused such an increase in the birth rate and such a decline in the death rate that in spite of the losses in battle, the population of Great Britain has gained during the war.

In former wars, disease killed more than

bullets. Napoleon lost 400,000 men by disease in his Peninsular Campaign and only 60,000 in battle. The death rate from disease in the Russo-Japanese war was reduced to two per cent. per annum and in the present war, prior to the advent of influenza, this figure was cut in two, the rate being one per cent., or the same as that of a similar body of men engaged in peaceful occupations. Notwithstanding the devlish ingenuity shown by the Germans in adding new horrors to war, and the prevalence of infected wounds, the proportion of killed to wounded has been materially lowered by medical science. In earlier days, we are told by Woods Hutchinson in his interesting popular presentation of the work of *The Doctor in War,* which has just been issued by Houghton, Mifflin & Co., five were killed in battle to from ten to twelve who died of wounds. In our Civil War, 67,000 were killed and 43,000 died of wounds. In the Russo-Japanese war, 47,000 were killed outright and only 11,000 died of wounds. In the British Army during the first three years of this war, ninety per cent. of the wounded who lived to reach the ambulance recovered, ninety-five per cent. of those who reached casualty clearing stations, recovered, and of those who reached base hospitals in England, ninety-eight per cent. regained their health.

Doctor Hutchinson tells not only of the work of the doctor in the trenches and in the hospitals, but also of his less exciting but equally important tasks in the sanitation and in the supervision of the nutrition of the troops. The volume is based on extensive observations on the Belgian, the French, and the Italian fronts, and makes most interesting reading both for the physician and for the layman. We have heard so little, comparatively, about the work of the doctor on the Italian front, that what he has written about that sphere of the war will be found specially interesting.—The New York Medical Journal.

It was the Editor's great pleasure to attend the annual social meeting of the Camden County Medical Society last month, as well as the brief business meeting that preceded it, of which an account is elsewhere given. The vocal and instrumental musical program was remarkably well rendered; the dinner, as usual on these occasions, was in quality and quantity all that could be desired, and the pleasure of social intercourse with the members and their good wives or sweethearts was much enjoyed. It was an added pleasure to meet Capt. Fred W. Marcy who had just returned from service overseas, Capt. Edward B. Rogers, Collingswood, honorably discharged from M. C. service in our training camps, and Lieut. MacAlister, son of Dr. MacAlister of Camden, who was at home on furlough.

THOSE VICTORY LIBERTY BONDS.

Uncle Sam will give physicians another opportunity this spring to make a safe investment. Look out for the sharpers who are persistent in urging you to make questionable investments. Save up your dollars to prove your wisdom and patriotism in buying U. S. Government bonds. The Michigan State Society Journal says:

"The bonds will offer the safest and best investment that is obtainable by the average professional man. Physicians are notoriously poor investors. It is a lucky man who has not, in his safety deposit box, one or more certificates of stocks or bonds that are worthless and represent the loss of hard-earned dollars. The Government bonds are absolutely safe and the return of the principal is certain. The physician who refuses to buy Victory Liberty Bonds—if there be any such in Michigan—will be both a poor citizen and poor business man."

We have reason to believe the physicians in New Jersey will do their duty and show the same degree of loyalty as in the past Liberty Bond campaigns.

The Editor acknowledges the receipt of the January issue of Public Health News, published by the State Department of Health. It is designated as "Child Hygiene Number." It gives an able article by Dr. Levy of the Division of Child Hygiene with a chart showing the work of his Bureau in graphic form. It contains also a chart showing comparative infant mortality rates per 1,000 births of counties in the State for years 1916, 1917 and much other interesting matter.

We are sorry that we were compelled to defer until next month the insertion of a paper prepared by Miss Emily S. Hamblen, Supervisor of Education and Extension, Child Hygiene Bureau Board of Health, on "Public Health and Child Hygiene."

Will Reporters or Secretaries of County and Local Medical Societies please send reports of all meetings held as early as possible. Some were held in January and February of which no reports have been received by the Editor.

CORRESPONDENCE.

We were very glad to hear from Dr. E. Moore Fisher of Greystone Park, now captain M. C., U. S. Army, stationed at Camp Gordon, Ga. The doctor was one of the best county society reporters the Journal ever had; we have missed him. We insert his letter.—Editor.

Atlanta, Ga., Feb. 3, 1919.

Dear Doctor:

No numbers of the Journal of the Medical Society of New Jersey have come to hand since I came down here in October. Can you send me the back numbers to date, as I miss the Journal, and it will help me to know what is being done and going on at home.

After reporting for duty at Camp Gordon I was kept busy for some time mustering; since then examining for demobilization. Most of the time very busy but at last have received some help and have a little breathing spell, though we are getting quite a number of overseas men both wounded and well to care for nearly every day.

I have met only one Jersey doctor so far—Dr. Warren of Passaic, and he expects to go home soon. No one else seems very sure, though about 50 or 60 have left here. Saw recently the son of Dr. Wolfe of Chatham who won a commission here in the Central Officers' Training School and whom I examined for discharge at that time. Nervous and mental disease examiners have had their hands full as their number has been small and their work was and is very important, as their decisions were very valuable and they are now called upon frequently to decide difficult problems as to recovery and the degree of disability incurred. With best personal regards,

Yours fraternally,
Capt. E. Moore Fisher, M. C.

Use of Serum in Pneumonia.

Dear Doctor—Do you know that Medical Of-
Anderson, director of the Squibb Research and Biological Laboratories, New Brunswick, N. J.:

Feb. 6, 1919.

Dear Doctor—Do you know that Medical Officers of the U. S. Army have shown that mortality from pneumonia occurring after measles or influenza, or without previous illness, due to type one infections, has been reduced from 30 per cent. to approximately 7 per cent. by the use of anti-pneumococcic serum?

Army Medical Officers have also found that pneumonia following measles or influenza, caused by streptococci, in many cases are cured by the use of anti-streptococcic serum prepared from horses immunized with streptococci chiefly of the hemolytic type. It is believed that the use of anti-pneumococcic serum, type one, and anti-streptococcic serum, for the treatment of pneumonia, has been so well established that, to quote Major Nichols—"No patient with type one infection who dies without the early intravenous administration of large amounts of type one serum can be said to have received the best treatment."

The season for pneumonia has now begun, and the number of cases may be expected to greatly increase during the next two or three months. I am therefore taking the liberty of bringing to your attention the value of the two above-mentioned sera for the treatment of pneumonia. Both of these sera are administered intravenously in doses of 50cc to 100cc, repeated in from 8 to 12 hours as indicated.

If you will write me, I shall be very glad indeed to send you additional information in regard to the method of treatment and diagnosis of these two important infections.

Very truly yours,
John F. Anderson, Director.

Health Insurance Bills in New York State.—The Insurance Economics Society of America has written a circular letter to the physicians of New York State calling their attention to Assembly Bill No. 90, introduced at Albany, which has for is object the establishment in New York of a system of Compulsory State Health Insurance. The bill is similar to those introduced in the Assembly at previous sessions and will cost in excess of $100,000,000 a year, and in the opinion of the Insurance Economics Society will not accomplish what its proponents claim for it. On the other hand, Senate Bill No. 1, introduced by Mr. Graves, at the request of the Associated Manufacturers and Merchants of New York State, will establish a constructive policy of sickness prevention at a fraction of the cost of compulsory health insurance. The Insurance Economics Society urges upon physicians "that the time has come to choose between Compulsory Health Insurance, which was 'made in Germany,' and Sickness Prevention, a typically American conception."

Checking the Senses—Bear in mind that each of you, the field commander of your own life's warfare, lives in a dugout. You are helpless except for your lines of communication, your senses. Guard them as a most precious possession. Train them to do their work well; watch them; suspect them. Send your eyes to spy on your ears. Bring up smell to reinforce vision. Suspect the message and send the messenger back again to examine, and again to reexamine, until you are sure the news is true; sure that the valvular sound is such and no other; sure that the reflex is absent; sure that the urine contains albumin; sure beyond a doubt of the thousand items of sense information that come to your headquarters and are needed in your business—the warfare on disease.—E. P. Lyon, Texas State Journal.

A Poetical Brief.

By Ralph S. Cone, M. D., Westwood, N. J.

Do not ignore Health Insurance
Let it catch and twist your tails;
It is German propaganda,
From the Fatherland it hails;
Honey-coated Bolshevism,
Camouflaged autocracy,
Old von Bismarck's cute contrivance
For the state's supremacy.
If you want paternalism
Socialism and the rest
Go and root for Health Insurance
Or be passive toward the pest.
If you value your high calling
And your spot within the sun,
Stand no nonsense from the Kaiser,
He would not if he had won!

Changing His Brand for a New Start.—Sir James Crichton-Browne relates the story of the provost of a Scottish town who had presided at a teetotal meeting. The provost wound up the meeting by a few remarks in which he said: "I confess I am not a total abstainer; I take a little whiskey and water daily, but I may say that after the speeches I have heard this evening, had I to begin life again I would start on milk."

Special War Items.

Honorable Discharges from the Medical Corps, U. S. Army.

Members of Medical Society of New Jersey.
Arlitz, William J., Hoboken.
Armstrong, Robert B., Passaic.
Asher, Maurice, Newark.
Berner, David A., Atlantic City.
Buerman, William, Newark.
Cregar, Poter B., Plainfield.
Decker, Clinton L., Newark.
De Grofft, Vernon E., Swedesboro.
Derivaux, John A., Newark.
Duncan, Owsley B., Paterson.
Eagleton, Wells P., Newark.
Fithian, George W., Perth Amboy.
Gennell, Ernest, Newark.
Green, James S., Elizabeth.
Hailperin, C. J., Newark.
Hoagland, Bonn W., Woodbridge.
Marsh, Elias J., Paterson.
Miningham, William D., Newark.
Mount, Elmer M., Jersey City.
Oram, Joseph H., Paterson.
Pellarin, John, West Hoboken.
Probasco, Norman W., Plainfield.
Riddell, Herbert E., Branchville.
Rogers, Edward B., Collingswood.
Rogers, Lawrence H., Trenton.
Rosenstein, Jacob L., Jersey City.
Rubinow, Saul M. Newark.
Thompson, Arthur F., East Orange.
Thorne, William P., Butler.
Verbeck, George B., Caldwell.
Vreeland, Ralph J., Clifton.
Welch, Joseph T., Long Branch.
Winslow, John H., Vineland.
Zehnder, Anthony C., Newark.

Medical Officers, U. S. Navy, Relieved from Active Duty.

Areson, William H., Upper Montclair.
Kent, Morton M., Trenton.

Orders to Officers of the Medical Corps, U. S. Army.

Major John J. Broderick, Jersey City, to Carlisle, Pa.

Lieut. William F. Costello, Dover, to Camp Dix.

Capt. Norman W. Currie, Plainfield, to Camp Sherman, Ohio, base hospital.

Lieut. Henry B. Epstein, Newark, to Colonia, N. J.

Capt. A. F. Graham, Paterson, to Fort Douglas, Utah.

Capt. W. H. Haines, Audubon, to Whipple Barracks, Ariz.

Capt. C. B. Luffburrow, Plainfield, to Fort McHenry, Md.

Capt. Anthony B. Russell, East Orange, to Garden City, N. Y.

Capt. George B. Verbeck, Caldwell, to Camp Devens, Mass.

Capt. Albert H. Ward, Paterson, to Camp Upton, N. Y.

HONOR ROLL CORRECTIONS.

To be added to Roll given in the February Journal:

Bellis, Major Horace D.....Mercer County
Paganelli, Capt. Joseph E.....Hudson County
West, Capt. Edgar L.....Mercer County

Only the names of those who accepted commissions and actually entered M. C. service before the war closed will appear on the Roll prepared for the annual meeting. Please notify the editor promptly of any other changes.

Colonel Roosevelt's Remembrance.

Colonel Theodore Roosevelt, shortly before his death, arranged to give substantial expression of his gratitude to the people of the little village in France near which his son Quentin is buried. Through the Red Cross he provided that $6,900 of the Nobel Peace Prize money awared to him should be used for the benefit of the simple country people who have kept Quentin's grave covered with flowers.

Colonel Roosevelt left the decision of the exact form his gift should take to the discretion of the Red Cross, and that organization is now trying to ascertain the wishes of the villagers.

Dr. Dodd on Military Training.

Overseas since May as a captain in the Medical Corps, Dr. Samuel Ward Dodd of Montclair has written to Deputy County Physician William M. Brien of Orange favoring compulsory military training for all young men because of the benefit to physique and character. He argues that many men will be useful after the war, who without its stern schooling would probably have "gone to the dogs." The only way to feel well is to do plenty of hard work, Dr. Dodd contends. It is the most important lesson he has learned from the war.

"Month after month of forced right living results in the formation of habits of living right," Dr. Dodd writes. "We learn and have hammered in, for instance, many such facts as the following: That it is by no means necessary to worry about anything; that you feel well when you do lots of hard work with your muscles, and that you don't and can't feel really good unless you do hard physical work every day; that you can stand and endure about four times what you thought you could in the way of fatigue, cold, thirst, hunger, want of sleep and pain. We have also learned that the world is a fine place when you feel well." In Dr. Dodd's opinion most of the nervous disorders that drive men to drink, drugs and insanity could all be cured by a return to hard work outdoors.

Appreciation of Harvard Unit.—President A. Lawrence Lowell of Harvard University has made public a letter from Arthur J. Balfour, British Foreign Secretary, expressing the appreciation of the British Government for the work accomplished by the Harvard Surgical Unit while it was overseas. A portion of the

letter reads: "Through two strenuous and memorable years the work of General Hospital 22, the largest hospital unit serving with the British Army, has held a record for skillful and untiring treatment of our wounded. The memory of so much service and self-sacrifice can never pass from us. It will be cherished in perpetuity by the relatives and friends of those whom the Harvard unit has tended with such admirable devotion."

Army Hospital Closes.—The American Red Cross Hospital at Neuilly, organized in the first week of September, 1914, by prominent Americans, including William K. Vanderbilt and Robert Bacon, and which has on a number of occasions been complimented for its work by the French Government, was closed on February 6.

Many Wounded Cared for Overseas.—The Senate Committee, in conducting an inquiry into hospital facilities and construction in this country, brought out the information that there are 104,000 wounded men still overseas, many of whom will not be brought home until they have recovered. In the hospitals of this country there are at present about 4,500 vacant beds. The testimony brought out at this inquiry revealed the fact that Assistant Secretary of War Crowell had disapproved the recommendations of the medical authorities to build a $3,250,000 military hospital at Chicago.

Military Hospitals Will Help Relatives Find Soldiers.—The War Department has devised a plan which will soon be put into operation to assist relatives to get in touch with wounded soldiers admitted to military hospitals. Military hospitals will be required to send cards reporting immediately to the nearest of kin when a soldier is admitted, what his wound or ailment is, and what his general condition. Transfers of men from one hospital to another will also be reported.

Aid Asked for American Military Hospital No. 1.—Announcement is made through the Atlantic Division of the American Red Cross that American Military Hospital No. 1 will be needed throughout the year 1919 to care for sick and wounded soldiers and that many beds should be endowed. The President General and Chairman of the War Relief have been officially informed that re-endowment may be upon a basis of six months and $50 a month thereafter for such a time as the beds may be needed.

Red Cross in Italy's War-torn Sections.

The American Red Cross has done admirable work in co-operating with the Italian Government in helping the people of devastated regions to resume their normal life. It has established ten principal distributing centers and 225 sub-centers, which furnish the people with clothing, medicines and even household utensils. Approximately 500,000 people have been assisted in this way.

Several canteens have been started and are feeding 3,000 persons daily. The Red Cross is also active in hospitals treating sufferers from influenza, which has been raging fiercely in the stricken districts.

Therapeutic Notes.

Correction.—A formula for an Anti-Pneumococcus Gargle was inserted in our last month's Journal by mistake. It was set up just as printed in another medical journal but on proof reading we saw its absolute worthlessness and thought it had been destroyed. In hurriedly changing the make-up of Journal, required by late matter received, it slipped in appended to another formula on another copy of the same numbered galley proof we had not destroyed. It was faulty in other respects than the gallon of water.—Editor.

Argyrol Instead of Bismuth Paste. — Dr. Hugh Crouse (Southwestern Medicine), having had unpleasant experiences with bismuth paste, now uses in its stead a paste consisting of argyrol 200 grains, liquid albolene four drams in lanoline q. s. four ounces. The advantages of argyrol are high antiseptic potency, decidedly penetrating properties, and harmlessness even in concentrated solution. The paste should be made up each week and kept cool.

Facts About the Recent Epidemic. — Drs. Joltrain and Bayle refer specially to cases with high temperature and broncho-pneumonia in which they obtained favorable results. They learned that these patients acquire a true immunity against further attacks. They employed many remedies—quinine, sparteine, strychnine, camphor oil in large dosage, intravenous injections of collargol and colloidal gold, antipneumococcus and antistreptococcus serum, etc.—Le Progres Medical.

Ingrowing Toenail. — Dr. Suldey advises application of a solution of formaldehyde (formalin) for the relief of ingrowing toenail. A pledget of cotton wet with formalin is swabbed over the granulations once every day. The pain is relieved almost immediately, the inflammation is rapidly reduced, and the cure is practically complete in four or five days.—Journal de Medecine et de Chirurgie Pratiques.

The Heart of a Pregnant Woman.—Dr. L. Burckhardt, in the Amer. Jour. of Obstetrics, says: An early diagnosis of a heart lesion is essential for successful therapeutics. The history of the case is important: Menstrual disturbances, aversion to exertion, vasomotor disturbances, a multipara who has never regained her full strength after a previous delivery, pyeletes, other forms of sepsis, and toxemias should be looked upon as suspicious. To depend on marked objective changes in the heart and the general system means the loss of valuable time. Low pressure, the absence of accentuation of the pulmonic or aortic second sound, the displacements of the cardiac outlines, and the change in intensity of murmurs over the ostia, are of greatest importance. The frequent simultaneous occurrence of a toxemia and a cardiac disturbance, caused perhaps by the same factor are important: relatively low pressure, with a steadily increasing amount of albumin, of blood nitrogen, granular casts and blood cells presages early collapse. Drastic

measures, if unavoidable, include prolonged and absolute rest in bed, the use of opiates, and larger doses of digitalis, all of which interfere with the essential metabolism. Impregnation should be prevented if possible; if conception has occcured, it should in all but the severest treatment be carried to term. Rest and exercise, neither half-heartedly, should be prescribed. Blood pressure readings especially between the thirty-fourth and thirty-fifth week when daily observations are necessary in order to determine the poper time of interference and when patients should be confined to bed, assist greatly in controlling the patient's work. Settling usually gives a considerable amelioration of symptoms and patient may be given more liberty. Offending tonsils or teeth should be removed; any nasopharyngeal or dental work should be attended to. And last but not least, digitalis to regulate the work and rest of the heart.

Hospitals, etc.

Muhlenberg Hospital and the Anti-Tuberculosis Society, Plainfield, will each receive $5,000 by the will of Mrs. Lincoln, widow of Dr. Robert Lincoln, ear and throat specialist of New York, who died in 1900.

Christ Hospital, Jersey City.

A ten-day campaign to raise $200,000 for Christ Hospital was conducted by 200 volunteer canvassers last month.

Christ Hospital's territory includes Jersey City, Hoboken, West Hoboken and North Hudson. Like other institutions it has felt the increased cost of necessities, the price of drugs, food, light and heat and the payroll having almost doubled since the beginning of the war. It was necessary to install a fireproof stairway and elevator in the past year, and the cost of the improvements largely exceeded the estimates. In the past year Christ Hospital cared for 2,349 patients, a third of whom were treated free, and a large number of the others paying only a nominal charge.

Morristown Memorial Hospital New Building.

This building, to be used for contagious diseases, was presented to the Morristown Memorial Hospital by Mr. and Mrs. P. H. B. Frelinghuysen as a memorial to the latter's father, H. O. Havemeyer.

It is 198 feet long, including a central building two stories high and two wings. The north wing is considerably larger than the south wing. There are accommodations for forty patients, and in the second story are rooms for seventeen nurses. The structure is elastic in that there are doors for dividing it into five units, while, if occasion demands, it can be arranged for operation as a single unit. In the basement are three rooms for men entirely cut off from the upstairs rooms, and here also are located the heaters, sterilizers, etc. The furniture is simple, of enamel metal ware, all sanitary, and every bed in the building is provided with wheels for easy moving. Another feature in the central building is an emergency operating room. The building is fireproof, of hollow tile, brick, concrete and stucco. It is located at the rear of the main hospital. It cost about $70,000.

Phillipsburg to Have a Hospital.

Phillipsburg may have a hospital as large as the new one proposed for the city of Easton, as a memorial to the Warren County service men. A movement to that end has been launched and it is proposed to raise at least $300,000 for the project.

Princeton to Have a Permanent Hospital.

Citizens of Princeton are making up a fund for the endowment of a permanent hospital. The site of the building will be the Murphy-Pierson farm in lower Witherspoon street, which has been donated for the purpose by Moses Taylor Pyne. The buildings at present occupying this spot will be used temporarily until plans have been completed for the new hospital and the endowment fund of $150,000 has been raised. The new hospital will be the center from which will radiate the work of the Child Welfare League, and the State Board of Health has offered its co-operation and assistance in the work. The management will be in the hands of a board of trustees, incorporated under the name of the Princeton Hospital Association. A staff of resident physicians will administer the medical and surgical departments, while a matron and day and night nurses will be in constant attendance.

South Amboy Hospital.

The attention of the physicians of the surrounding territory is called to the fact that the South Amboy City Hospital is now open and that physicians are permitted to have their patients under their own care.

Hospital for Foreign Sailors.

The hospital at the immigration station at Gloucester, N. J., which was opened during the epidemic period to sailors stricken with influenza, will be continued as a hospital for foreign soldiers.

The Standardization of Rural Hospitals.

Dr. Isaac S. Stone of Washington, D. C., at the annual meeting of the Southern Surgical Association, spoke in favor of bringing the standard of all hospitals, whether large or small, up to that point which would afford the best service to the public and which would require the best medical and surgical training of the staff. Sufficient information had been collected to show the number of poorly equipped hospitals in perhaps all parts of the country in towns and rural districts. Many of these were but a little better than boarding houses, without the essential equipment of house staff or laboratory or, indeed, anything which justified the name of hospital. It was suggested that all hospitals should be inspected by the health officer or commissioner of health, whether they were public or private institutions, and in case they wert found up to the standard of requirement they should be duly licensed and required to send in a full report of the treatment of all cases during each year. The writer also favored state aid to rural hos-

pitals when necessary, to provide hospital relief in country or remote outlying districts. Especial attention was given to consideration of rural hospitals as social service centers and for the care of obstetrical patients whose homes were remotely situated or who were unable to obtain competent professional attendance.

War Increases Mental Disease—Figures compiled by the New York State Hospital Commission show that 3,995 more patients have been admitted to the State hospitals during the forty-four months since war was declared than for the similar period of time prior to the beginning of hostilities, the admissions prior to the war being 29,316, as against 33,-311 afterward. The State hospitals are actually housing 6,500 more patients than they were built to accommodate. The State Commission on the Feeble-minded has mapped out a program for the relief of this condition, which has been presented to Governor Smith.

Bonnie Burn Sanatorium.

Dr. John E. Runnells, superintendent, reports that on January 1st there were 168 patients in the sanatorium, 95 males and 73 females. During the month 35 patients have been admitted, 19 males and 16 females. Among these were five readmissions. The admissions are classified as follows: Pre-tubercular (preventorium), 1; incipient, 4; moderately advanced, 4; far advanced, 25.

The largest number of patients at any time during the month was 175; smallest number 167. Patients present January 31st, 172.

Feeble-Minded Home, Vineland, to be Enlarged.

A plan is being mapped out to make the State Home for Feeble- Minded a clearing house for the feeble-minded of Southern New Jersey. William W. Law, technical adviser of the architecture department of the State, is preparing for the construction of six new buildings at the home, the enlargement of others and the installation of an irrigation plant to ass'st in enlarged farm operations. There is $130,000 available for improvements. More money is to be asked.

Deaths.

BISING.—In Toul, France, November 2, 1918, Dr. Albert George Bising, Major M. C., U. S. Army, of Weehawken, N. J., aged 48 years. Dr. Bising graduated from the College of Physicians and Surgeons, N. Y. City, in 1896. He was on duty with the American Expeditionary Forces in France.

BULL.—Dr. William Shorter Bull, Lieut. M. C., Irvington, N. J.; New York Homeopathic Medical College, New York City, 1914; aged 32; on duty with the 114th Infantry, Twenty-Ninth Division, American Expeditionary Force; while crossing the River Meuse, France, on a temporary bridge under fire, Oct. 11, 1918, was instantly killed by the explosion of a shell.

HAYDON.—In Newark, N. J., January 24, 1919, Dr. Joseph H. Haydon, aged 68 years.

Dr. Haydon graduated from the N. Y. University Medical College in 1872 and had practiced in Newark nearly 45 years. He was a member of the Essex County and the State Medical societies and a Fellow of the American Medical Association.

KALAHER.—At the Base Hospital, Toule. France, February 5, 1919, Dr. Leonard M. Kalaher of Jersey City, N. J., aged 28 years.

KISS.—In Trenton, N. J., January 4, 1919, Dr. Theodore Kiss Jr.

MITCHELL.—At Daytona Beach, Fla., January 31, 1919, Dr. Henry Mitchell of Asbury Park, aged 73 years.

Dr. Mitchell was born in Norwich, N. Y., August 6, 1845. He was the son of Dr. Henry and Mary Bellamy Mitchell. The father was for half a century in public and professional service—the leader in practice of medicine in Chenango County, N. Y., and he served in the legislature and in Congress. The son was educated in the Catskill Academy and Phillips Exeter Academy. He graduated from the Bellevue Hospital Medical College, New York City, in 1866; married Elizabeth M. Roberts of New York in 1866; practiced in Norwich, N. Y., 1866-69, in Jersey City 1869-79 and removed to Asbury Park in 1879; organized the Board of Health, Asbury Park, in 1880; was its president 1880-94; was a member of the Board of Commissioners there in 1886; president of the Board of Trustees of the Public Library for several years; member and executive officer of the State Board of Health 1894-1908. He was president of the American Public Health Association in 1902; president of the Medical Society of New Jersey in 1905. He served as president of the Chenango County Medical Society and of the Hudson and Monmouth County societies. He served a term as president of the New Jersey Sanitary Association; was instrumental in establishing a hospital for the care of cases of contagious diseases in Asbury Park and after making Daytona, Fla., his winter home he did much to improve sanitary conditions there, resulting in the establishing of a modern system of sewerage. The doctor was also surgeon of the 103rd Regiment New York Volunteers in 1868. It was a matter of deep regret to him that during the recent world war he could not actively serve his country. Through the generosity of his nephew—Dr. John Mitchell of Providence, R. I.—a hospital will be dedicated soon in Norwich, N. Y., to be known as the Henry Mitchell Hospital in memory of Dr. Henry Mitchell, Senior.

The Daytona (Fla.) Morning Journal of February 1st, in an article on Dr. Mitchell, said:

Six weeks from the day in which Dr. Henry Mitchell, a long time winter resident of Daytona, suffered the great grief of watching the soul of his son go out into the unknown, he himself passed out without warning. * * * The family came to their home here two weeks ago, hoping to overcome the nervous collapse which had overtaken the father, and the great grief of the family over the going of the son. While talking with the family following dinner on Friday the 31st, he gave a gasp and life was gone. Dr. Mitchell's death was a grief to many friends in Daytona and on the beach.

He began coming to Florida when a young man of 21; his death at his home here overtook him in the 73 year of his life. He was born in Norwich, N. Y.; was a student at Andover, Mass., going from there to New York University where he completed his collegiate and his professional training and received his degree. He was a specialist from the beginning in preventive medicine and for years devoted himself to the sanitation subjects which made him in time one of the experts of the nation. He was president of the North American Public Health Association for a number of years and his death ends a long and useful career in which he has lead in the most vital of the professional lines in the healing of physical ills. He practiced medicine in New Jersey after leaving college and served on the State Board of Health in New Jersey for fifteen years, with headquarters at Trenton, and was president of the New Jersey Sanitary Association for years. But during all this time he spent his winters in Flordia. With Captain Charles Young and Mr. Cole they built a camp at Llan Avon, down the river. He followed the example of his life-long friend, Capt. Young, coming to Daytona and building a home next to him. Here during the winter he lived and enjoyed his old-time friends. With Mrs. Mitchell he spent the summer travelling in the more recent years. His entire family was with him at the moment of his last summons.

SCHEPPACH.—In New Haven, Conn., January 30, 1919, Dr. Henry A. Scheppach, Lieut. M. C., U. S. Army, of Newark, N. J., aged 43 years.

TOMLINSON.—At Shiloh, N. J., February 12, 1919, Dr. Sophronia A. Tomlinson, aged 80 years. Dr. Tomlinson graduated from the Woman's Medical College, Philadelphia, in 1898. Had retired from practice. Was a sister of Dr. T. H. Tomlinson of Plainfield.

IN MEMORIAM.

At a meeting of the Camden County Medical Society, held December 10th, 1918, the following actions were taken:

John K. Bennett, M. D.

Doctor John A. Bennett was born in Bridgeboro, Burlington County, New Jersey, April 20th, 1857. He spent his early years under the parental roof, receiving his elementary education in the public schools and at a private school in Vincentown, Burlington County, N. J. On leaving school he entered the drug store of Frank S. Hilliard, where he remained as a clerk five years, during which time he made himself familiar with pharmacy, and in 1878 he was graduated from the Philadelphia School of Pharmacy.

In 1880 he established himself in business at Moorestown, N. J., where he had purchased a drug store. The following year he entered Jefferson Medical College where he was graduated in 1887, his previous knowledge of pharmacy enabling him to take the three-year course in two years. Dr. Bennett at once began practice of his profession in Gloucester City, where he has met with eminent success, winning in a marked degree the confidence of his large number of patients in that vicinity. In 1893 his professional labors requiring his entire attention, he disposed of his drug store.

Doctor Bennett has served with fidelity in many public capacities, having been appointed a member of the Board of Health in 1889, and the following year was made city physician, an office which he filled for many years. In 1892 he was appointed one of the examining surgeons of the United States Pension Board, a position which he filled most acceptably to all concerned, his decisions in the many hundreds of cases brought to his notice never having been questioned. Doctor Bennett served as a member of the Board of Education of Gloucester City for many years. At the time of his death he was acting as health officer and city physician.

The doctor was elected an active member of the Camden County Medical Society in 1889 and was elected president of the society in 1912. In 1914 he was elected a permanent delegate to the Medical Society of New Jersey. It is probable that his devotion to his patients cost him his life, as he continued to practice knowing his temperature was 103 degrees, and was in bed only a day and a half when death came to him on October 2, 1918.

Resolved, that the Camden County Medical Society extends to his widow and four children its sincere sympathy in their great bereavement.

H. H. Davis, Wm. A. Wescott, W. B. Jennings, Committee.

Frank B. Cook, M. D.

Dr. Frank B. Cook of Laurel Springs, N. J., elected a member of the Camden County Medical Society on February 8th, 1910, died in October, 1918, of pneumonia. He was the son of Captain and Mrs. E. J. Cook of Port Norris, N. J., where he was born and received his early education. He was a graduate of the South Jersey Institute of Bridgeton. He was a matriculate of the University of Maryland and graduated in 1904, in the same year he was licensed to practice in New Jersey. In 1905 he located at Laurel Springs and soon enjoyed a large lucrative practice.

In addition to his medical activities, he was president of the Clementon Building and Loan Association, a director of the Clementon National Bank, a member of the Camden County Association, director of the Clementon Park Association, president of the Camden County Fair Association, coroner for two terms, president of the Laurel Springs Board of Health. He was an earnest worker for the Red Cross and active in every Liberty Loan campaign. He was a member of the Laurel Springs Baptist Church and lived a consistent Christian life, going about doing good, taking as his model the example of the great physician. He died victim of the recent epidemic of pan-influenza, refusing to cease visiting his patients until he was too weak to be on his feet.

Resolved, that the Camden County Medical Society expresses its sincere sympathy to the bereaved widow, Mrs. Louisa F. Cook.

Paul M. Mecray, Wm. C. Raughley, A. Haines Lippincott, Committee.

Frank M. Dedaker, M. D.

Dr. Frank M. Dedaker was born in Philadelphia, Pa., April 21st, 1888. He graduated from N. E. Manual Training School of Philadelphia in 1905, and entered the Medico- Chirugical College in 1906, graduating in 1910. He took one year of surgery at Louisville Hospital, Kentucky, and one year at Mercer Hospital, Trenton, N. J. Settled in Collegeville, Pa., in private practice. He was commissioned first lieutenant in the United States Army and sent to Panama for active duty, to help check yellow fever, serving two years at that post. Returned to United States and took up private practice at Gloucester, N. J. On February 2d, 1918, he was elected an active member of the Camden County Medical Society. He was a member of the Medical Society of New Jersey and the American Medical Association.

Dr. Dedaker was a man of very pleasing personality, courteous and gracious to all with whom he came in contact, and quickly asquired a large practice in Gloucester City, where his untimely death is greatly deplored. He died of the pan epidemic of influenza on October 6, 1918, leaving a widow and two children to mourn him.

Resolved, that the Camden County Medical Society expresses sincere sympathy to Mrs. Bessie T. Dedaker and her children in their great bereavement.

H. F. Palm, Emma M. Richardson, E. G. Hummel, Committee.

August Adrian Strasser, M. D.

The following resolution was unanimously adopted by the Board of Governors of the Newark Pathological Society:

Whereas, The Board of Governors of the Pathological Society has learned with real regret of the death of Dr. August A. Strasser, and

Whereas, Dr. Strasser was one of the Founders of the Faculty, an ex-President, and at all times one of its devoted and enthusiastic members. The Board of Governors, therefore

Resolved, To publicly record its sense of loss at Dr. Strasser's death, recognizing in him an earnest, upright, conscientious gentleman, intensely interested in all that pertained to the advancement of his chosen profession, and to the welfare of his patients.

The Society especially recalls his splendid help in its organization, and his constant, unflagging interest shown by regular attendance at its meetings, his unfailing courtesy while its presiding officer, and the helpful, inspiring stimulus of his life on all who came within the sphere of his influence.

Personal Notes.

Dr. Fred H. Albee, Colonia, Major M. C. in charge of General Hospital No. 3, Colonia, addressed the Men's Club of St. Paul's Episcopal Church, Rahway, February 2nd.

Dr. Oscar D. Gary, Ringoes, who underwent a surgical operation in a Philadelphia hospital, has returned home and resumed practice.

Dr. Francis H. Glazebrook, Morristown, and wife gave a dinner at the Morris County Golf Club building February 1st.

Dr. F. Irvin Kraus, Chatham, spent a week in Atlantic City last month.

Dr. Lewis C. Osmun, Hackettstown, was recently elected vice-president of the Hackettstown Club.

Dr. Austin H. Coleman, Clinton, entertained the officers of Stewart Lodge, F. & A. M., at his home recently when a craftsman's club was organized.

Dr. Josiah Meigh, Bernardsville, made a brief visit in Philadelphia last month.

Dr. Martin J. Synnott, Montclair, after eighteen months of service as chief of the medical corps at Camp Dix, has been honorably discharged and returned to his home.

Dr. George W. Wilkinson, Morristown, who recently received honorable discharge from the Medical Reserve Corps, has been commissioned a captain in the Officers' Reserve Corps, medical section.

Dr. William S. Colfax, Pompton Lakes, has recovered from a severe illness.

Dr. W. Leslie Cornwell, Bridgeton, expects to return from France this month. He is a captain in the M. C., U. S. Army.

Dr. Henry A. Henriques, Morristown, has been spending a few weeks at Jekyl Island.

Dr. Elias J. Marsh, Paterson, late captain M. R. C. Feb. 1st, has returned from military service and resumed practice in Paterson.

Dr. Gurney William, Atlantic City, Major M. C., U. S. Army, has been relieved from active service and has resumed practice at his former location.

Dr. William F. Beggs, Newark, and wife recently returned from a short stay in Atlantic City.

Dr. Frank M. Donohue, New Brunswick, took a two weeks' rest at St. Augustine, Fa., with his family last month.

Dr. Edward J. Ill., Newark, last month spent two weeks at Old Point Comfort, Va., for a needed rest.

Dr. Henry D. MacCormack, Kenvil, Captain M. C., has been spending a furlough at home from duty at Camp Humphreys.

Dr. Henry B. Epstein, Newark, returned home recently after having served in the M. C., U. S. A., as a surgeon at several base hospitals. He will resume the office of president of the Academy of Medicine of Northern New Jersey and also medical director of the Red Cross civilian relief section.

Dr. Benjamin J. Silverstein, Newark, has returned home after a year's service. He spent several months at Fort Oglethorpe, Georgia, and was then assigned to Camp Meade, Maryland, where he served from June of last year until discharged last month.

Dr. Robert F. Ringland, Montclair, and wife spent a few days last month in Atlantic City.

Dr. John W. Clarke, Lyndhurst, is spending a few weeks in the South.

Dr. Alfred M. Elwell, Camden, and wife spent a few days last month with Mayor and Mrs. Whitaker at Bridgeton.

Dr. Alex. MacAlister, Camden, attended the meeting of State Boards and Medical Colleges at Chicago, Ill., March 3 and 4.

Dr. Millard F. Sewall, Bridgeton, Captain M. C., will return home from France this month.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
California, October..	34	19	15
Delaware, December.	3	3	0
Massachusetts, Nov..	32	22	10
Montana, October...	10	8	2
Nevada, Nov.....	5	4	1
New Hampshire, Dec.	2	1	1
New Jersey, Dec.*...	3	2	1
Rhode Island, Jan...	6	5	1
Virginia, Dec.....	17	14	3
West Virginia, Nov..	11	8	3
Wyoming, Oct.....	10	10	0

*29 were licensed through reciprocity.

Public Health Items.

"Progress cannot rest on ignorance. There is no surer way to improve our nation and its people than by the more thorough education of the children."

Well Born.—Children will never be well born until they are desired by the men and women who are potential parents.—Dawson.

Real Disinfection.—More labor, more soap and hot water, less smell, less spray, less camouflage.—Weekly Bulletin, N. Y. City Board of Health.

Health and National Efficiency.—Care for the health of the people is the secret of national efficiency. It is the secret of national recuperation.—Lloyd George.

Physicians Needed in Rural Sections.—Many rural communities in New York State are absolutely without a physician according to letters that are daily being received at the State Department of Health. With many country roads becoming practically impassable, the situation in many cases is very serious, as neighboring towns can no longer be depended on for medical assistance in emergencies. In order to aid these communities the State Department of Health has placed advertisements in some of the medical journals for physicians who desire to locate in rural communities. A large number of replies have already been received from qualified physicians, and it is believed that the situation will soon be relieved.

Influenza in India. — Influenza and famine conditions are said to be causing a death rate seven times as great as during the plague last spring in certain section of India, according to advices received by the Board of Foreign Missions of the Presbyterian Church.

Public Health and the Sanctity of the Home.—Should the sanctity of the home preclude carrying out certain public health measures? The mayor of Toulouse informed the public that in view of the establishment of the "casier sanitaire des maisons," the sanitary record of the building, the employees of the Bureau d'hygiene would visit the houses to gather the data. All persons who refuse these agents admission lay themselves liable to prosecution. Several householders regarded this edict as a violation of the sanctity of the home, and have appealed to the Conseil d'Etat. That body decided, however, that the law gives the mayor the right to enter a home for health reasons as set forth in the law of Feb. 15, 1902, regarding the protection of the public health. The exercise of these powers is practically impossible in many cases without an examination of the premises. The appeal of the proprietors was denied.

Health Means Money.—Dr. E. R. Hayhurst, Columbus, Ohio, says that one establishment in Ohio, employing over 5,000 women, increased its output 10 per cent. almost over night by giving heed to advice from the state department of health on temperature and humidity control in the workrooms, and at the same time cut down, remarkably, absences, quittings, and a peculiar form of illness that was spreading through the plant.

Pneumonia in the United States.—According to reports received by the Public Health Service in Washington from the health authorities of forty-six of the largest cities in the United States, a total of 49,265 deaths from pneumonia occurred in these cities from September 14, 1918, to January 25, 1919. Of this number 6,865 occurred during the month of January and 6,579 during December. The total deaths from pneumonia in New York City during this period numbered 13,795; 1,342 during December and 2 193 during January.

Industries Women May Engage in.—Women are capable of doing any and all kinds of work. It is not a question of women and industries, but of the individual woman and the individual job. If the woman is properly selected through physical examination, and is allowed to work under medical supervision, and the occupation is conducted subject to the standards set for hygiene, sanitation and accident prevention, women can do any sort of work which men can do.—American Journal of Public Health.

Present Requirements of Physical Education.—We dare not be satisfied with the products of the physical education of yesterday. The value of that physical education has been grimly measured and mercilessly tested since we entered this great war. If you accept the standards of our first draft, you must admit that a rejection of 30 or 40 per cent. of our young men because they were physically unfit for military service would seem to show that our physical education has been only 60 or 70 per cent. effective.—Thomas A. Storey, M. D., State Legislation for Physical Training.

A War Lesson.—Surgeon General Rupert Blue, United States Public Health Service, says: When the history of the present war is written, not the least significant part will be that which records the achievements in the field of preventive medicine. Hundreds of thousands of lives have been saved as a result of the excellent work in sanitation and preventive medicine carried on by the British, French and American military forces. What can be done among soldiers in the unfavorable environment

of war can and should be done among the civilian population in the more favorable environment of peace.

Health Insurance.

Dr. H. L. Winter, Cornwall, N. Y., in an address said: After a considerable study of health insurance and an experience of over twenty-six years in observing the problems of the sick in all conditions and stations of life, I feel that I am entitled to an opinion. My opinion is that health insurance should never become a law in any part of the United States. We should, however, bring the united strength of the medical profession to bear in an effort to further legislation for an extension of the fields of preventive medicine. This is one of our immediate duties. Here we can study medical conditions in co-operation with employers and employees and develop a system which will eventually produce and maintain the best type of that distinctly American product and the backbone of our national prosperity, the efficient individual. Then if, in years to come, we are unfortunate enough to be thrust into another war we will not find one-third of our young men physically disqualified for service.

Medico-Legal Items.

Can Nurses Legally Give Anesthetics?

A decision recently handed down by the Attorney-General of West Virginia holds that the giving of anesthetics constitutes the practice of medicine, and that no person, nurse or otherwise, can legally give anesthetics unless he or she is duly licensed to practice medicine.

The following is an extract from the decision:

"The person undergoing the operation places himself absolutely under the control of the person administering the anesthetic. This is the first dangerous step in the operation; the first one requiring peculiar skill and knowledge. The operating surgeon concentrates his attention to the cutting part of the operation and cannot well exercise careful supervision over the person administering the anesthetic. The anesthetic is such a subtle and dangerous agent that the most careful supervision on the part of the operating physician does not remove the danger of the anesthetic in the hands of an unskilful person. If it be held that the administration of anesthetics does not constitute the 'practice of medicine and surgery,' then the fitness of a person to administer them is determined in each case by the operating surgeon. He would constitute the examining tribunal and might choose either a skilled or unskilled person to perform a recognized dangerous part of the operation. I do not believe the Legislature ever intended that any person not a licensed physician should be permitted to administer drugs used in surgical anesthesia, even though such person may act under the direction and in the presence of a licensed physician and surgeon."

From this opinion it appears that under no circumstances can any person, whether trained nurse or otherwise, administer an anesthetic during a surgical operation unless such person has received a certificate entitling him to practice medicine and surgery. It does not seem likely that the opinion of the Attorney-General would render illegal the administration of anesthetics in the great majority of cases. If complete anesthesia becomes necessary, it seems that no one except a licensed physician can legally administer the anesthetic.

Decisions by attorney-generals of the various States in regard to the giving of anesthetics by nurses are thus far as follows: In Ohio and West Virginia it has been decided that the giving of anesthetics constitutes the "practice of medicine" and requires that the person who gives it must be duly licensed to practice. In Pennsylvania and Wisconsin the decisions were that the nurse could be permitted to give anesthetics. In Kentucky the lower court decided against the nurse, but the higher court reversed the decision so that Kentucky now lines up with Pennsylvania and Wisconsin. Decisions in other States will be watched with interest.—A. M. A. J.

Osteopath Not a Physician and Surgeon.

The District Court of Appeal of California, First District, says that the return of the sheriff to the writ of habeas corpus applied for in this case showed that the petitioner was held on a commitment of the police court of the city and county of San Francisco for violating the law regulating the practice of optometry. In support of his demand that he be discharged from custody he contended that by virtue of his being the holder of a certificate entitling him to practce osteopathy, he was by the terms of the act itself regulating the practice of optometry excepted from its prohibitory provisions. The exception referred to was contained in Section 10 of said act, and is: "The provisions of this act shall not be construed to prevent duly licensed physicians and surgeons from treating or fitting glasses to the human eye." The question to be determined, then, was whether an osteopath licensed under the statute regulatiog that profession, was within the purview of the optometry law a licensed physician and surgeon. The act of 1913 regulating the practice of medicine and surgery provides for the examination of persons desiring to follow these professions, and for the issuance of two forms of certificate, one designated a "physician and surgeon certificate," and the other a "drugless practitioner certificate." The distinction between these certificates is quite marked, and they are issued as the result of a different examination; and it is very apparent to the court that the term "duly licensed physicians and surgeons," as used in the section of the act above quoted, has direct reference to the holders of the former class of certificates to the exclusion of the holders of the latter. The cases cited by the petitioner from other jurisdictions holding that an osteopath may be said to engage in the practice of medicine and surgery had no application to the facts in this case, in which the question was much narrower and was one of statutory construction. Under the statute the court is clearly of the opinion that the petitioner was not a "duly licensed physician and surgeon," wherefore it was ordered that the writ be discharged and the petitioner remanded to the custody of the sheriff.—Ex parte Rust (Calif.), 169 Pac. R. 1050.

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THE PRESENT STATUS OF THE CANCER PROBLEM.*

By L. Duncan Bulkley, A.M., M.D.,

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Cancer is still a pressing problem, as it has always been. In spite of millions of dollars spent or invested in cancer research, countless animal lives sacrificed, and uncountable hours of patient and unremitting investigation by numberless intelligent and able workers, it is acknowledged by all that the laboratory has not discovered the cause of cancer or aided materially in the solution of the "Cancer Problem."

It is also well recognized that the strenuous and untiring efforts of innumerable surgeons, many of them of very great skill, have not solved the problem of the cure of the disease, for, according to the yearly mortality tables issued by the United States the death rate of cancer has steadily *risen,* with a fearful certainty, almost 30 per cent. since 1900, while that from tuberculosis has *fallen* in the same degree, 30 per cent. during the same period, under careful medical surveillance. Moreover, during 1915, when surgical activity was at its highest, owing to the active propagandism for early and radical surgical removal, the year before, the increase in the death rate from cancer was over double the average increase of the five previous years.

It is acknowledged by all that under the past views as to the local nature of cancer, and its treatment by excision, the ultimate mortality of the disease is 90 per cent. of all those once attacked. Would it not be well, therefore, to stop and consider whether our former attitude toward cancer is correct, or whether there is not a "Real Cancer Problem" which will give better results? If any other disease presented such a steady and alarming increase in its death rate would we not stop and consider whether our treatment were the best possible? If with the introduction of antitoxin the mortality from diphtheria had steadily risen until it was about 90 per cent. of all cases, would we persist in employing it? And yet the profession and the laity go blindly on, with the idea that surgery offers the only hope of reaching cancer. The value of the x-ray and radium may be serviceable in certain cases to remove actual lesions, but their value is extremely limited and can no more reach the real cause of cancer than can surgery.

A brief consideration of the present status of the cancer problem, therefore, may not be without interest.

While the laboratory has not at all solved the cancer problem, it has contributed not a little toward establishing negative facts, and also some positive, which lead up to a more correct understanding of the real nature of the disease and its prevention and treatment. The reason why many of the research studies on cancer have not been productive of positive results is because they have proceeded largely along histological lines and inoculation experiments on lower animals, and not enough on clinical grounds and biochemistry.

But all this laboratory and other research work has established some facts which are of the utmost value in connection with a study of the constitutional relations of cancer, which may be briefly mentioned. The best authorities agree that:

1. Cancer is *not* contagious or infectious; although certain new growths can be inoculated in some animals, but human cancer cannot be transplanted on animals, and no surgeon, nurse or pathologist has been infected.

*Read before the Middlesex County Medical Society at its March 19th, 1919, monthly meeting.

2. Cancer is *not* caused by a micro-organism or parasite, although many micro-organisms have been found in cancerous lesions, but none of them have been established as a cause.

3. Cancer is not wholly the result of traumatism, although local injury may induce its localization in some particular region.

4. Cancer is *not* hereditary to any appreciable degree, although some tendency in that direction has been found in certain strains of mice.

5. Cancer is *not* due to occupation, although it is more common in some pursuits than in others.

6. Cancer is *not* altogether a disease of older years, although its frequency is influenced by advancing age.

7. Cancer does *not* especially belong to or affect any particular sex, race, or class of persons.

8. Cancer is *not* confined to any location or section of the earth, but has been observed in all countries and climates.

While laboratory and other research have yielded mainly negative results, and have not demonstrated any real cause of cancer, they have by elimination opened the way for study along other lines, which are bright with promise, and confirm views which have long been briefly expressed by surgeons and others regarding the constitutional nature of the disease.

Some *positive* results of research are therefore encouraging.

1. The local mass, which we call cancer, represents but a deviation from the normal life and action of the ordinary cells of the body.

2. Certain changes have been demonstrated microscopically in the polarity of cells about to become cancer-genetic, with altered relations of the centrosome to the nucleus, all being influenced by disordered metabolism.

3. Much in laboratory studies on the biochemistry of cancer have confirmed the clinical and statistical observations fast accumulating.

4. The blood in advancing cancer shows many manifest changes, indicating vital derangement of the organs which form blood, and which therefore control the nutrition of cells.

5. The secretions and excretions of the body in the early and late stages of cancer have been shown to exhibit departures from normal which are of importance in its causation.

6. Cancer tissue has been shown to contain an element which is poisonous to animals and which probably hastens the lethal progress of the disease.

7. Diet has been repeatedly shown by the laboratory to inhibit the development of inoculated cancer in mice and rats.

8. As laboratory and other research have eliminated the local nature of cancer, they have also established certain medical aspects of the disease which are of the utmost importance.

Finally clinical and statistical studies have abundantly confirmed the correctness of the internal basic cause of cancer.

1. The mortality from tuberculosis has steadily and greatly diminished under careful medical guidance, while that from cancer has increased in almost the same ratio, without proper medical care.

2. Cancer is almost absent among aborigines, living simple lives, largely vegetarian, but has increased steadily among them in proportion to their adoption of the customs and diet of so-called modern civilization.

3. Self-indulgence in eating and drinking, with indolence, has been shown by many to result in increased cancer mortality.

4. The increased consumption of meat, coffee and alcohol has been shown by statistics from many countries to be coincident with a steady increase in cancer mortality.

5. Great nerve strain and shock have repeatedly been shown to affect the development of cancer, and the enormous nerve strain of modern life seems to be effective, both through metabolic derangement and by direct action on living cells.

6. While it is impossible to explain just how disordered metabolism induces cancer-genetic changes in cells, it is no more difficult to believe that it does so than it is to understand the intrinsic cause of arterial degeneration, bone changes, obesity, etc., which are recognized as due to metabolic derangement.

7. The spontaneous disappearance of cancer, as occasionally reported shows that conditions of the system may arise which are antagonistic to carcinosis.

8. Finally, the complete removal of cancerous lesions, in various localities, by most careful dietary, hygienic, and medicinal measures alone, without surgery, x-ray, or radium, as has been repeatedly reported, shows that there is a constitutional basic cause, of which the local lesion, which we call cancer, is but the *product*.

What then is the present status of the

cancer problem? Are we to ignore the accumulating mass of evidence regarding the constitutional origin of the disease, and adhere to the preconceived idea that a cancer mass is an idiopathic, rampant, cell growth, without definite cause? Are we to ignore all new teachings from ignorance, or to neglect them through negligence?

The present status of the cancer problem, therefore, resolves itself into this. The disease must be either of a local or of a constitutional nature.

Those who hold to the former idea must show that the cells of the body are capable of an independent, autogenetic power to take on and continue a misgrowth of a virulent and lethal character, irrespective of the nutritive elements in which they are bathed —and that without any assignable cause. We have seen that laboratory and other research have excluded parasitism, and clinical observation has fully demonstrated that the disease is not contagious. Chronic irritation is undoubtedly often the cause of the disease developing in some particular locality, but it must be recognized that any amount of chronic irritation will not determine the presence of a cancerous tumor in every individual, and malignant growths in many internal parts of the body cannot have such a cause. Hereditary influence has been excluded by Life Insurance Statistics and close clinical studies of intelligent private patients, as has also old age, as the disease occurs both in the young and old. The suppositious influence of "embryonic rests," or prenatal displacements of epithelial tissue in the production of cancer "wholly fails to reveal why the embryonal cells begin to grow and when growing produce malignant tumors instead of normal structures," as Ewing says.[1] Thus each and every support of a purely local origin of cancer, and its local treatment, has fallen away, leaving nothing to stand on, for laboratory and other research has apparently covered every possible ground.

It is not necessary here to go fully into the argument for the constitutional nature of the disease, the facts regarding which have often been so fully presented on repeated occasions.[2] The more one sees patients with cancer, early or late, in private practice, and studies them most carefully in all respects, the more convincing is the evidence of the correctness of this view. And when one sees day by day the changes which can be produced in them, and the steady disappearance of cancer masses, with a continued improvement in general health, weight and blood condition, under proper dietary and medicinal treatment, as have many physicians and surgeons who have watched cases with me, now for years, the more the conviction forces itself upon one that the local lesion, which we call cancer, is but a *local product* of faulty metabolism which has long existed.

The treatment of these cases is by no means an easy task, but requires the most patient, painstaking and prolonged employment of every possible line of investigation and thought, and the broadest application of medical acumen and skill in the use of dietary, hygienic, and medicinal measures to meet the varying conditions which may arise. With this there must be a firm conviction which can develop in the patient a confidence in this mode of treatment over a long period. I am sorry to say that in regard to this latter I have sometimes failed, and occasionally, when doing well, a patient has slipped away to a surgical operation, which has been later regretted, when a recurrence has happened, on the neglect of the proper treatment. It is understood that in all our study of cancer, reference is made to true cancer, mainly of deeper organs, and not to cutaneous epithelioma, which is really a local affair, often easily removed by various local measures; and yet many of the arguments for the surgical treatment of cancer have been based on the successful treatment of skin lesions, often with elaborate presentation of screen pictures and patients.

There must, of course, be some beginning of cancer, in the departure of a normal cell or cells from a previous habit of homologous formation of other cells, to a heterologous action. As Ewing[3] says, "Carcinoma does not necessarily spring full fledged into being, but is to be regarded as a process which exhibits stages of evolution, which gather momentum as they progress." But how this beginning occurs no one has ever known, and possibly no one ever will know, as Ribert says, "no one has ever seen the beginnings of mammary cancer."

The present status of the cancer problem is therefore to decide between two quite opposite positions. First, a hypothetical and problematical view, of a local, independent, unexplainable, autonomous decision of certain cells to take on and continue a destructive course, for which immense research has failed entirely to find any ground to stand on. Or, Second, the simple and rational belief that a perverted nutrition, perhaps of long standing, influences certain cells to depart from their normal mode of action, and

take on an abnormal activity and pursue a malignant and destructive course, which is naturally kept up by the continued metabolic disturbance. We accept this latter position in regard to many other diseases, why not in regard to cancer?

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CONTROL OF VENEREAL DISEASES

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To write an article on the control of venereal diseases without an apology is quite presumptuous; the fact, however, that the federal government has officially recognized venereal diseases as a scourge which menaces the industrial efficiency of the nation, and urges that active measures be taken by every state and municipality to protect the millions of young men who are about to be returned to their homes, as well as the entire civic population of the country, is the excuse I offer in referring to this subject and in calling the attention of the profession to some new rules and laws that have been passed with the hope of controlling this plague.

That prostitution is the main source of venereal diseases, is well established, and that the elimination of prostitution would solve this problem is also granted; but with our present standard of dual morality, with the animal lust in man who for centuries has made no attempt to curb it, with the lack of general information as to the prevalence and danger of venereal diseases, and the erroneous belief in the minds of the laity that sexual indulgence is absolutely necessary for perfect health, the complete suppression of prostitution in the near future is impossible. Methods to limit prostitution, such as segregation, licensing, and medical supervision of prostitutes have been tried both in this country and in Europe and are considered a failure as they should be; prostitution is illegal and immoral and no state should officially recognize it as a legitimate occupation and issue a license to the prostitute to legally spread disease and corrupt the morals of the community; medical supervision of prostitutes should also be condemned as a certificate of health issued after a superficial examination besides being worthless, gives the men a false sense of security. It is obvious that so far all methods to control prostitution have failed, and that the prospects for the near future are discouraging, but I am convinced that eventually persistent and thorough systematic educational propaganda will so mould the character of future generations and elevate the standard of morality to such a plane that the institution of prostitution will die from inanition. This, however, is a fertile subject for discussion among the moralist, sociologist and economist, and is not within the scope of this paper. As physicians we must strip this question from the moral aspect and regard venereal diseases as any other infectious, contagious and communicable disease and assume the responsibility for its control.

We know that venereal diseases are more prevalent, and the morbidity and mortality are higher than any other contagious or infectious disease. We know that 70% of the men have or had gonorrhœa, and that at least half of them infect their wives; we know that 50% of all gynecological operations, and 20% of all blindness are due to gonorrhœa; we know that all cases of paresis, aneurysm of the aorta, and tabes are due to syphilis, and that in many of the cases of diseases of the arteries, heart, kidneys, liver and other organs the treponema pallidum is a causative factor. Knowing all these facts and realizing that the methods used to control venereal diseases in the past have been unsuccessful, it becomes our duty to heartily support all laws passed or about to be enacted, which promise to curb this evil. The main features of interest to physicians in the laws and ordinances recently introduced, are the compulsory notification and the compulsory treatment of all venereally infected persons.

It is obvious that before any attempt can be made to control venereal diseases it is necessary to know the prevalence of the disease in the various municipalities, so that proper facilities can be made for adequate treatment of same, it is also apparent that if we hope to derive any benefit from the reports, the record must be as accurate as possible and contain all necessary information, such as name, age, address, stage of disease, its duration, etc.; reporting by number, initial, or other secret method, as advocated by many, only begs the question

and serves no purpose, it would, as Dr. Emerson of New York said, "simply amount to stating that we know how many cases we have, don't know where they are, cannot keep them located, and cannot deny them free movement through the community." It would, I may add, inform the department of health that there are hundreds of dangerous and infectious cases of venereal diseases in the community that are free to transmit the disease to others, either intentionally or accidently, with no way of preventing it.

That there will be some opposition to compulsory notification, and that at the beginning many physicians may not report their cases, is to be expected, but when the physicians will learn that this is a public health measure of the utmost importance, and that the reports are absolutely confidential, I believe that the objections will soon disappear. In time this law will prove to be of benefit to the physician as well as the patient, for when notification is compulsory the physician will take advantage of the laboratory facilities for an early and accurate diagnosis, and will be able to institute proper treatment immediately.

As to compulsory treatment of all venereally infected persons, the necessity for this law will be more readily appreciated by reading a report of the committee which investigated the records from four large clinics for the treatment of gonorrhoea for a period of one year in the city of New York. The report disclosed the fact that only 8% of the cases were discharged as cured; 17% of the cases were improved but not cured when they discontinued treatment, and 75% of the cases ceased treatment while unimproved; from this report the necessity of compulsory treatment is apparent.

The ordinance in the City of Newark and the law as introduced in our legislature will provide that as soon as a person is aware that he is suffering from a venereal disease or suspects that he is so suffering, he must consult a medical adviser and place himself under treatment, and continue treatment until he is discharged as cured; if the patient discontinues treatment while he is still infectious, it will become the duty of the attending physician to so notifiy the department of health, unless he has been informed that his patient is under treatment by another physician; it is then up to the department of health to investigate the case, and to resort to whatever measures they find necessary to protect the public.

In order to enforce this law ample facilities for the diagnosis and treatment of the poor must be provided. It is well known that a majority of the hospitals refuse to admit persons suffering from venereal diseases, and that there are an insufficient number of clinics where these diseases are treated. In the City of Newark with a population of almost 400,000 there is only one clinic where venereal diseases are treated, and this clinic is at 10 A. M., which makes it inaccessible for the workingmen. It will be necessary to establish a number of night clinics in every city and if possible in connection with every hospital. In Newark a night clinic is now open at the Beth Israel Hospital and by the time this is published we hope to have clinics at the Newark Department of Health open at least three nights a week. To obtain best results, clinics should be thoroughly equipped, and made attractive and should be conducted by competent men, with as much privacy as possible.

As to the treatment of prostitutes, we know that no argument or moral suasion will deter the prostitute from following her calling, whether infected or not, therefore proper facilities must be made where they can be interned and treatment given until cured. Arrangements should be made in prisons and other institutions for the treatment of infected inmates; drugs like salvarsan or its substitutes should be freely distributed to the profession under proper supervision so that all cases of syphilis can be promptly treated. As syphilis is a disease which frequently affects other members of the family, it is necessary that a social service be connected with the hospitals which would bring to light a large number of cases that otherwise would be overlooked, and perhaps foci of infection will be discovered.

To summarize: we can in a great measure control venereal diseases by educating the public as to the prevalence and dangers of venereal diseases; by educating the physician as to the methods of early diagnosis, both clinical and laboratory; by compulsory notification and the compulsory treatment of all infected persons; by the establishment of a sufficient number of night and day clinics, properly conducted; by providing better hospital facilities for all necessary cases, and by the free distribution of salvarsan or its substitutes.

Remember the Victory Loan

AN ORIGINAL DEVICE FOR THE CONTROL OF HEMORRHAGE FROM THE LARGE SINUSES OF THE BRAIN BY INVULSION OF THE OUTER WALL INTO THE LUMEN.

WITH REPORT OF A SUCCESSFUL OPERATION FOR CEREBELLAR ABSCESS BY OBLITERATION OF THE LATERAL SINUS AND EXPLORATION AND DRAINAGE THROUGH ITS INNER WALL AND ANTERIOR SURFACE OF CEREBELLUM.*

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The physiological and mechanical factors and clinical experience require that the exploration of a cerebellar abscess orginating from infection of the petrous pyramid should be through a dural opening, situated as far forward as possible, in order to lessen the cerebral herniation and permit of adequate inspection and evacuation.

Surgical Anatomy of the Lateral Sinus.—The position of the lateral sinus at the junction of the anterior and lateral surface of the cerebellum limits the area in which exploration may be conducted, and if the lateral sinus is "forward lying" it may prevent exploration without destruction of the labyrinth and injury to the facial nerve.

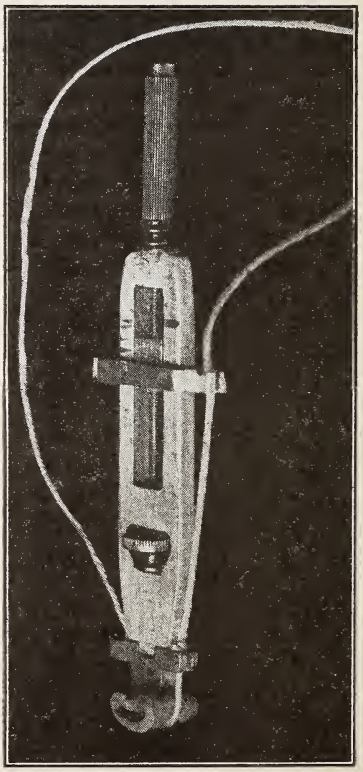
The blood pressure in the descending portion of the lateral sinus, normally but a few mm. of mercury, is negative during each inspiration; the collapse of the sinus with each inspiration being frequently witnessed during its operative exposure. The volume of blood, although under low pressure, is large. This low or negative pressure enables hemorrhage following injury to the sinus wall to be controlled by closure of the gap, the lumen of the sinus remaining permeable. The gloved finger, a small piece of cotton, or the "postage-stamp method"—in which a piece of fascia lata is placed over the vent, the fascia adhering to the injured sinus—controls the hemorrhage without stopping the current of blood within its lumen.

However, it requires considerable force to control hemorrhage from the sinus by invulsion of its outer wall by compression, because of the large volume of blood and the triangular shape of the sinus.

While the disturbance to the return circulation by obliteration of the lateral sinus is very slight,[1 2] the mechanical difficulties of ligation of a previous lateral sinus are so great that it has been previously practised in but two recorded instances.[3 4]

Cross-section.—The lumen of the descending portion of the lateral sinus opposite the middle ear is an irregular oval, with its greatest convexity outward, the sinus tunneling, as it were, between the layers of the dura; the inner wall of the sinus is flush with the contiguous dura over the cerebellum, while the outer wall of the sinus projects considerably beyond the outer dural surface. Obliteration of the sinus by encircling ligation is difficult, because in its horizontal diameter the sinus presents *two* fixed points of dural surface that cannot be approximated.[5]

Reaching the knee the sinus becomes distinctly pear-shaped, with inner wall still flush with the contiguous dural surfaces of the cerebellum and cerebrum. The superior petrosal sinus enters at an oblique angle, emptying, as it were, into the *inner* wall at its posterior margin. This is of surgical



(Courtesy of The Medical Record.)

Fig. 1.—Sinus obliterator; carrier showing knotted suture in slots on one side and obturator attached.

*Presented before the annual meeting of the American Rhinological, Laryngological and Otological Society, Atlantic City, June, 1918. Printed also in the Medical Record, N. Y. City.

importance. After passing the knee the horizontal portion of the lateral sinus assumes a triangular shape, with *three* fixed points. The dura of the tentorium cerebelli being interposed between the superior and inferior dural attachments.[6] Because of the three fixed points of dural attachment it is difficult to obliterate completely a large transverse sinus by an encircling ligature, the tightening of the ligature tearing the dural attachments, with resulting hemorrhage.

However, in both the transverse and descending portion of the sinus it is possible to invulse the outer wall into the cavity of the sinus, thus *completely obliterating it.*

Obliteration of the Lateral Sinus Preparatory to Incision.—The appliance holds the

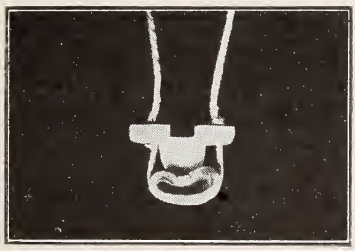


Fig. 2.—Obturator of the sinus obliterator, detached.

two ends of suture apart so as not to compress the fixed dural attachments, while the descent of a metal obturator causes an invulsion of the outer wall of the sinus into its cavity, obliterating its lumen.

Technique of the Application of the Suture.—A small opening is made in the dura, on each side of the sinus, using a triangular dural knife or cystotome. A ligature is passed from one dural opening to the other, using a full curved needle with the point blunted, damage to the cerebral tissue being avoided by hugging the dural surface. One side of the ligature is knotted in its center and the suture placed in the slot of the carrier and of the obturator of the same side. The other side of the ligature is then placed in the opposite slots, and, using the knotted point of the ligature as a fulcrum, is tightened sufficiently to cause slight indentation of the sinus; when the ends of the ligature are tied in a bow knot over the cross-arm of the carrier. Tightening the upper screw of the carrier will cause the descent of the obturator into the sinus, obliterating its cavity. Using an artery clamp, the slots in the soft metal arms of the obturator are then pressed firmly against the suture, holding it in position; the suture above is then loosened, and removed from the slots of the carrier, and the obturator is liberated from the carrier by unscrewing the lower screw. (The suture may now be tied over the obturator.) If the ligation is to be made above the knee it will be necessary, in addition, to perforate the tentorium cerebelli with the needle.

The upper portion having been obliterated, and all downward current of blood stopped, the lower portion of the sinus is easily ligated, as the sinus walls are here much nearer; or if the bony exposure is low enough the lower portion of the sinus may be obliterated by the pressure of a tampon against its firm bony wall. Between the two ligatures the sinus can be incised. In the case reported below in which I used the appliance the incision of the sinus was absolutely bloodless.

The obliteration of the sinus frees the approach to the anterior triangle of the cerebellar fossa, making possible the enlargement of the dural incision in front of the sinus. Through the enlarged triangle the whole of the inner side of the dura over the anterior surface of the cerebullum can be inspected and the region of the adjacent cerebullum (the most frequent site of cerebellar abscess) exposed.

Case S. B. History by Dr. J. W. Hurff. Influenza followed by acute otitis media in right ear. Mastoid operation performed, neither dura nor sinus being exposed. Three weeks later wound had practically healed; no symptoms. Five weeks after operation, dull boring pains commenced behind right eye and in right frontal region. Paroxysm of pain was followed by vomiting, and for two weeks there was headache of varying intensity on the right side and frequent projectile vomiting which was influenced by the position of the patient, who could take food when lyng on the right side but would vomit upon turning on his back.

Two weeks later the patient was much improved and could walk about the room, although when he first attempted to walk he staggered and had a tendency to fall to the right. No strength in right arm; used left. Became dizzy on sudden change of position. Headache subsequently increased in severity, right sided weakness became more marked, and the patient became slightly confused mentally. Examination showed the mastoid scar to be healed. No discharge from ear. Patient could hear with right ear. Cold caloric in right ear produced nystagmus, but not nearly so marked as that

produced in left; complained of blurred and double vision. Ophthalmoscopic examination revealed congestion and slight edema of both discs and fixation nystagmus. Mentality dull; no aphasia. Pulse 60; respiration irregular, bordering on Cheyne-Stokes. Cerebrospinal fluid clear under pressure.

Movements of pronation and supination were overdone. Asynergia more marked on the right side, as shown in his inability to co-ordinate the various muscles and joints. Asked to put his right hand back of his head, his arm would apparently wobble in every direction until he got it in place, or he would raise the right hand with the left. The right hand was much weaker than the left.

The old mastoid cavity was therefore reopened and the sinus exposed, but no trace of infection was found. Three days later, May 12, 1918, a cerebellar operation was performed (W. P. E.), hemorrhage being controlled by Von Hayden's instruments. The whole cerebellar fossa was exposed on the right side, and the posterior surface of the petrous pyramid removed as far as the internal auditory meatus. Difficulty was experienced in locating the sinus on account of granulations; but it was found by approaching from behind forward. A blunt needle threaded with heavy silk was passed just below the sinus knee encircling the dura from behind forward and out on the anterior wall of the cerebellar fossa. On first passing it undoubtedly perforated the sinus. The sinus was obliterated by the instrument above at the knee, and was again tied with an encircling ligature as low down toward the bulb as possible. Between the ligatures the external wall of the sinus was then opened without loss of blood, and the incision was continued through the inner wall to the cerebellum. This incision was afterwards enlarged, the opening into the cerebellar fossa being directly at the angle of the anterior and external surfaces. There was no prolapse of the brain. Exploration with searcher at distance of 3 cm. located the abscess with capsule, pus flowing freely. On introduction of Whiting's instrument (encephaloscope), pus again flowed. The capsule could be felt at the bottom of the encephaloscope, and pressure expressed more pus. The abscess cavity was thoroughly cleansed and wiped out. There was slight herniation of the brain. A rubber tissue drain was inserted and the wound closed. The obliterating obturator was removed on the tenth day. Uninterrupted recovery.

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15 Lombardy Street.

PUBLIC HEALTH AND CHILD HYGIENE.

By MISS EMILY S. HAMBLEN,

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Although New Jersey was the fourth State in the Union to organize a Division of Child Hygiene and thus to show her appreciation of the fact that she had before her a large task of child conservation. Otherwise, in matters related to Public Health and Child Hygiene, she does not rank well. The Infant Mortality rates of her large cities, with the exception of Newark and Jersey City, are among the highest in this country and other civilized countries. She is not in the Birth Registration Area, she has not had her midwives under regulation. only a small per cent. of her municipalities have either school or public health nurses and she stands alone among the 44 States which have laws regulating the hours of employment for women in allowing her women to labor 60 hours a week.

The Child Hygiene Bureau was reorganized in September, 1918, with a view to following the preliminary educational work—which for three years it had been doing—with practical care of mothers and children through the Welfare Station and the nurse, and through inspection and regulation of all agencies and institutions which, in their functioning, affect the well-being of the child. It has taken for its task the study and correction of the causes that place New Jersey so low in the scale and, in order to change this condition, has called upon the State, through all its Child Welfare Agen-

cies, whether public or private, to co-operate with it for the attainment of certain very definite ends.

The Director of the Bureau, Dr. Julius Levy, wishes next year to save 1,000 babies, to keep well 5,000 children who, according to our vital statistics, would otherwise fall into disease, and to bring New Jersey into the Birth Registration Area. The Bureau is also attempting to solve, through the formation of a very definite program of actual work, the great problem of co-ordinating the activities of all organizations in the State which have any interest in Child Welfare, and to place all Child Hygiene work on the basis of a generally accepted and comprehensive plan. Acting in an advisory capacity, the Bureau is stimulating local public health departments to do the work of their own municipalities and is counseling them, where they wish it, regarding the policy it would be best for them to adopt.

The Bureau has four sub-divisions: Division of Consultation Stations and Nurses, Division of Midwifery, Division of Institutions and Division of Education and Extension. Each of these is to be under a Supervisor of its own. All have been appointed except the Supervisor of Institutions.

The money available for Child Hygiene work this year has been $25,000. The budget for next year calls for $160,000. The jump in the budget indicates the greater magnitude of the new Child Hygiene plan. One feature of this plan would be to multiply the work of the station and the nurse 10 times, placing 100 nurses in the State instead of 10 and opening 100 stations. Regulation, supervision, survey and propaganda would be correspondingly increased.

No one who understands the fearful increase which is going on of those evils which may easily be prevented by intelligent foresight and proper care will question the rightness or the advisability of doing the Child Hygiene work on this scale. Our humanity is shocked by the thought of human beings coming into the world only to meet blindness, feeble-mindedness, criminality, if not early death, through causes which the community, acting as a whole, can remove. But we also take alarm for the State, and even see the beginning of the end, when we consider the rapidly mounting expense of providing for and maintaining as public charges those so afflicted.

Already New Jersey is paying annually $5,000,000 for the above-named classes among her citizens. In addition she is paying in her public schools for the care of its retarded children, probably to an amount not much below that of Kansas—about $2,000,000. In short, New Jersey is now a factory for the turning out of public charges in large numbers. What is the cure?—care of the expectant mother; proper obstetrical care at the birth of a child; breast-feeding of infants; observation of the life of the child of pre-school age; removal of all anti-social conditions which make for morbidity, subnormality and an early death.

The first group comes under hygiene proper; preventive and educational work. The last-named task calls for general action upon the part of society and is of a radical nature. Housing, city planning, conditions of food production are cases in point.

No class in the community is more deeply concerned with these menacing conditions than the medical class. No other can, through its influence, do so much to remove the menace. Physicians are the natural intellectual and social leaders of the community in these matters. By united action, by urging upon legislators and upon the public the standards necessary to be maintained, if there are to be public health and social efficiency, they could change the face of society in a decade, making the old world by just so much a better place to live in.

TASKS UNDERTAKEN BY CHILD HYGIENE BUREAU FOR 1919.

To save 1,000 babies.

To keep well 5,000 children who might otherwise succumb to disease.

To bring down Infant Mortality rates.

Slogan: "No city with an infant mortality rate of over 100."

Estimated cost of losing 1,000 babies: Birth cost, $50; funeral, $50; wasted food and clothing, $25; doctor, drugs and nurse, $25, for each baby; total, $150,000.

Estimated cost of sickness of 5,000 children, $20 per child, total $100,000, grand total, $250,000. Subtract $160,000 appropriated to Child Hygiene work. Amount saved, $90,000.

List of mortality rates for 1917:

Asbury Park, 129.3; Bloomfield, 116.9; Burlington, 150; Camden, 136.6; East Orange, 116.3; Elizabeth, 107.8; Englewood, 45.8; Gloucester, 154.7; Hackensack, 71; Jersey City, 113.3; Newark, 87.6; Orange, 54.7; Passaic, 118.9; Princeton, 276; Salem, 111; Summit, 62.9; Trenton, 110.4; Westfield, 64.7; State of New Jersey, 100.7; New Brunswick, 123.5. Before Child Hygiene work was established in Jersey City

the Infant Mortality rate was about 140. In Newark in 1910 it was 124.

The money spent for the maintenance alone for the institutions for care of the delinquent, the feeble-minded, the insane and the epileptics is nearly $5,000,000 per year and it is on the increase. The great majority of these abnormalities are preventable through care of the expectant mother, the infant and the small child.

Dr. L. Emmett Holt says: "The defective physical condition of young men of draft age was largely due to neglect of proper supervision and guidance during their period of youth."

Add to this the expense of carrying the retarded children in our public schools. In Kansas this amounts to nearly $2,000,000 per year. It can hardly be less in New Jersey when the city of Camden alone admits 2,000 defective children in her schools. In some communities it is impossible to hold teachers, so low is the mentality of the majority of the pupils. Yet this low mentality is largely accounted for, as many convincing tests have shown, by lack of proper care and feeding, especially during the early years of the child's life.

After entering school the Medical Inspector, if there is one, finds defects and notifies the parents. The matter often ends there. The Medical Inspectors and school nurses would have light work if the infant and the young child had the proper care.

Clinical Reports.

Repeated Cessation of the Heart.

Drs. E. P. Poulton and H. M. Stewart, in the London Lancet, record the remarkable case of a man 67 years old, who had been healthy all of his life but who more or less suddenly developed giddy attacks with marked slowing of the pulse rate. About twelve days after the appearance of these attacks he began to have repeated spells of fainting, which lasted with a few short intermissions until his death three days later. A typical attack would begin with a sudden slowing of the pulse for about a minute, when the slowing would rapidly grow more marked. About a minute and a half from the beginning the pulse would suddenly stop and the patient immediately would grow pale, show slight cyanosis, but could continue talking for a few seconds. He would fall back with a groan and become unconscious with the prompt development of contractions in the extremities and a marked increase in the depth and rate of respiration. The patient would become livid and the corneal reflexes disappear. After about half a minute the pulse would suddenly resume and become normal in strength and rate within five to ten seconds. Such a cycle would last from 115 to 125 seconds and be repeated so that in about every two minutes the pulse would stop for about forty seconds. Attempts to relieve this condition proved wholly without avail and the patient died in one of the attacks. Post mortem, the heart was found normal except for some hypertrophy and slight mottling, with some thickening of the aortic and mitral valves. There was some arteriosclerosis. The region of the vagus centre in the medulla showed considerable vacuolation of the cells. The cause of the condition was therefore not definitely determined.

Cerebro-Spinal Syphilis.

Reported by Dr. Frank R. Starkey, Detroit, Mich., in the Michigan State Society Journal.

Case No. 3967. The patient, aged 36 years, here described is of interest specially, because he came first to the rhinological clinic complaining of an obstruction of the left nostril and was entirely unaware of his grave neurological condition. This however, was suspected by Dr. A. O. Brown who referred him to my service.

Upon examination it was found his chief complaint was an almost total obstruction of the left nostril and dimness of vision of the left eye, which condition had existed for ten or twelve years.

Past History—Typhoid fever at eighteen years; denies all other illnesses and is especially emphatic in denying venereal disease. Claims he was raised on a farm in this county, in a strict religious family and never had intercourse with any one except his wife, who was also raised on a farm in this county and under strict religious discipline.

Family History—Negative. Mentioned that his wife died at Ann Arbor from injuries incident to a fall down stairs. Upon questioning, he stated she had "received injections into her spine" while at Ann Arbor.

Examination—Rather nervous; well nourished; slightly bald; dark complexion; partial ptosis of left eye-lid; some difficulty in comprehending questions and slowness in answering; pupils unequal and irregular; do not respond to light but do to accommodation; knee jerks absent; dysmetria of upper extremities; Romberg positive; gait ataxic, slightly, with eyes open, more so with eyes closed and very marked, blindfolded; sense of position greatly impaired; bone conduction normal; difficulty in pronouncing test phrases; memory for recent events slightly impaired; Wassermann of blood, four plus.

Diagnosis—Tabo-paresis—I wrote to Doctor Barret of Ann Arbor, under whose care patient's wife was while there, regarding her condition and his reply was that she had been treated for neuro-syphilis.

Rupture of the Symphysis.

Reported by Dr. H. Schiller of Chicago in the Illinois Medical Journal.

My patient a man 30 years old, 5 feet 4 inches tall, 138 lbs., perfectly well, father of two healthy children, no previous sickness, no venereal history, fell while trying to open the upper half of a window and standing on the window sill, out of the window onto the platform of a fire escape one story below. He fell upon his right buttock. Stunned by the fall he recuperated quickly and crawled through the next window into the office building and went

home in a taxi, walking from the taxi to his room and climbed up 8 steps assisted by one man. I saw the man two hours later, still dressed lying in bed and complaining of pain in the back in the region of both sacroiliac joints, radiating into the legs, also of pain in the region of the symphysis, and of pain when trying to use his legs; however, he was able to do so.

A wide gap between the pubic bones, easily admitting the finger, could be felt and the man was sent to the hospital after applying a circular adhesive strap around the pelvis. The next day a large hematoma over the right tuber ossis ischii, bluish discoloration of the skin of the penis and the upper part of the scrotum could be seen. The patient could not urinate and had considerable meteorism and nausea. He complained of pain in the back corresponding with both sacro-iliac articulations and tenesmus. There was a slight elevation of temperature, normal blood count, normal hemoglobin; a rectal examination did not reveal any other injury and the catheterized urine was normal. Before applying a permanent adhesive bandage the patient was taken to the x-ray room, but he complained of such intense pain in the back after removal of the temporary straps, that during the taking of the x-ray picture at least a tight towel had to be pinned around his pelvis. An adresive paster strap brought the bones into good apposition and after three weeks the man could walk comfortably with no lameness. Meteorism and retention of the urine disappeared after four days. The unusual feature in this case is that the man right after the injury was able to walk and climb steps, assisted only by one man, although we find in most cases that are observed in obstetrical practice, where rupture of the symphysis occurred without being recognized, that the patients were confined to bed for many weeks.

Operation Uniting Ends of Severed Nerve.

An unusual operation and one which the surgeons declare appears to have been successful was performed at Muhlenberg Hospital, Plainfield, recently by Major Albee and Major Neigh of Army General Hospital No. 3 at Colonia. The patient was Miss Emma School, private secretary for the grand exalted ruler of the Elks. The operation consisted of joining the ends of a trunk nerve in Miss Scholl's left arm. About two years ago Miss Scholl sustained a fracture of her arm in a fall at Lynchburg, Va. Following a bone-grafting operation, the nerve in some way became disconnected through a growth of tissue. The surgeons cut away the tissue and joined the severed ends of the nerve.

Carcinoma of the Penis.

Dr. J. R. Wathen, Louisville, reports this case in the Kentucky Medical Journal:

The patient is a physcian. Dr. C. M., white, of Indiana, fifty-seven years of age. No previous venereal history, and his other history is negative. He first noticed a small warty growth on his glans penis July 1st, 1917. This remained quiescent and without pain until about one month before he consulted me, when the tumor began to grow with great rapidity and became very painful. There was considerable thin discharge from the surface of the growth, and the glands in both groins were enlarged.

When first seen by me the tumor was about the size of an egg, and the enlarged inguinal glands, could be easily palpated. The patient was operated upon at St. Anthony's Hospital, Louisville, about two weeks ago.

The pathological report on the specimen, made by Dr. Stuart Graves, was epithelioma of the penis so far as the tumor itself was concerned. The enlarged inguinal glands which were removed en masse showed chronic inflammation and hyperplasia of the tissues, but there was no evidence of metastasis.

The operation was performed according to the technique described by Dr. H. L. Kretschmer, of Chicago, in the April, 1918, number of the Surgical Clinics. The author presents several pages of illustrations which show the various operative steps better than I could describe them. After the penis has been amputated to get rid of the tumor, an incision is made completely encircling the penile stump; the scrotum and perineum are then incised and the urethra separated by brunt dissection from the remaining corpora cavernosa on either side; the urethra is dissected free down to the prostate and the corpora cavernosa ligated close to where they branch outward into the perineum, and the penile stump with its ligamentous attachments is then removed. This operation is known as radical removal of the penis. After this has been done the incisions are extended over Poupart's ligament on each side and the infiltrated lymph glands removed en masse, the urethra is brought through the scrotal incision, and the wounds then closed. This leaves practically no evidence of malignancy.

The patient made an uneventful operative recovery and was dismissed from the hospital at the end of two weeks.

Intrapartum Rupture of Uterus and Bladder; Recovery; Subsequent Closure of Vesical Fistula.

Dr. G. T. Tyler Jr., Greenville, S. C., reports this case:

Mrs. A. S. B., aged 35; ii-para. The previous history was unimportant except that the labors were difficult—one instrumental. She was seen by her physician for the first time Nov. 18, 1917, while in labor (the third). He had been with her an hour, had used no pituitrin or other uterine stimulant, when the pains, which were vigorous, suddenly ceased. On examination, the head, previously on the perineum, could not be felt. A diagnosis of ruptured uterus was made, and the patient was sent to the hospital for operation. Under ether she was catheterized, but only a few drops of blood were obtained. The abdomen was opened, the dead child removed with much blood. The uterus was ruptured throughout the length of the cervix and the lower body, just to the left of the median line. The bladder was included in the tear. A supra-vaginal hysterectomy was done. After the uterus had been amputated, the patient was given intravenous salt solution as her condition was desperate. The wound was then closed with drainage, and the patient returned to bed. She responded to stimulants, and in a few days was out of danger. Incontinence of urine, of course, re-

sulted. Cystoscopy eight days after operation revealed a transverse tear beind the inter-ureteral ridge, about 5x2 cm. The urine escaped through the torn cervix, the anterior lips of which were widely separated. It was planned to close the fistula on the tenth day, but the patient developed an adynamic ileus, which delayed operation for a week.

Through a suprapublic incision the bladder was opened. The fistula was closed without tension on the right; but as the left side was approached it was found necessary to divide the bladder down to the tear, for the relief of tension. The wound was closed with drainage to the bladder, and a retention catheter placed in the urethra. There was no leakage until the seventh day, when urine again escaped through the vagina. Examination two days later showed that the sutures on the left side near the ureter had broken down. Silk stitches, used in ligating the uterine arteries at the former operation, could be seen through the opening in the bladder. The patient could prevent continuous leaking by lying on her abdomen and having a bed pan placed under her when she turned on her back.

It was thought best for the patinet to go home for Christmas, and return later for closure of the fistula. In January, 1918, she returned, but there was so little leaking that she preferred to wait longer. In March, 1918, the opening in the bladder had contracted to 1 cm. in diameter. At this time the silk stitches previously noted were removed. They could be pulled down into the vagina through the cervix, and were divided with scissors. In April, 1918, five months after the bladder was ruptured, a second attempt was made to close the fistula. I tried this by the perineal route, using Schuchardt's para-rectal incision, so graphically described by Dr. George Gray Ward Jr., in Surgery, Gynecology and Obstetrics, August, 1917. Without this procedure it would have been impossible to operate from below, as the opening in the bladder communicated with the cervix just below the peritoneal covering. The anterior vaginal wall was incised longitudinally, the incision beginning 5 or 6 cm. anterior to the cervix, and extending back to it. The bladder was dissected as wide as necessary to prevent tension on the sutures. A female metal catheter in the bladder served as a guide to expose the fistula. The cervix was circumscribed and dissected as far as possible, especial effort being made to remove the mucosa. Lembert sutures of chromic catgut closed the bladder. A second row, including whatever remained of cervical tissue, reinforced the first. These last sutures did not approximate the tissues completely, for fear that too much tension might be put on the bladder. The vaginal mucosa was then closed, and a retention catheter inserted into the bladder. It was very little trouble to close the para-rectal incision. A little drain was left in this wound. The patient made a good recovery. The catheter was removed on the 7th day, and the patient left the hospital on the 14th day. There has been no leakage up to the present time—one month after operation.

Aside from the recovery of the patient, the interesting feature of this case is the successful closure of the vesico-cervical fistula by the para-rectal incision of Schuchardt. The incicision is simple, injures no important structures, and provides an excelent exposure.

Abstracts from Medical Journals.

Blood Chemistry—Is It Worth While for the Clinician?

In an excellent editorial in the Interstate Medical Journal, St. Louis, January, the editor gives the conclusion as follows.

Of the numerous blood analyses which it is now the fashion to make, the only ones which are indispensible and which cannot advantageously be replaced by simpler and less troublesome processes seem to be:

(1) The creatinin determination for prognosis in advanced nephritis.

(2) Sugar determinations.

(3) Possibly, though not certainly, uric acid determinations.

Meckel's Diverticulum Causing Intestinal Obstruction.

Dr. R. Graham, in the Canadian Med. Asso'n Jour., reports four cases, with two recoveries: he concludes:

1. In post-operative cases showing distension late in their convalescence, one should bear in mind the possibility of a Meckel's diverticulum being a causative factor, considering the fact that they occur in two per cent. of autopsies.

2. The palpation of tense coils of intestine as pointed out by Starr is an aid in localizing the obstruction.

3. The history of no previous illness and the history of no umbilical discharge is no criterion that the patient has no diverticulum remaining.

4. If a patient after operation has had an uneventful convalescence for three days, and then develops abdominal distension, acute ileus is scarcely to be considered and some other cause must then be looked for.

5. Intestinal obstruction caused by Meckel's diverticulum seems to come on more gradually and is more intermittent than most acute obstructions.

Wounds of Chest, Study of 450 Cases.

Dr. W. Hutchinson, in the Canadian Med. Asso'n Journal, gives the following conclusions:

1. All cases of wounds of the chest should be treated in special wards or special hospitals.

2. Careful charts should be kept which record temperature, pulse, and respirations four times a day.

3. Early diagnosis of infection is important.

4. Every case in which there is more than two fingers' breadth of dulles should be aspirated.

5. Cases of open pneumothorax should be used as possible.

6. Cases in which there is a large amount of clot in the chest should be opened, blood and clot evacuated and the chest closed. This should be done as early as possible.

7. Cases in which the haemothorax is found to be infected should be opened, washed out and closed; some antiseptic being left in, preferably an emulsion of B. I. P. in liquid paraffin.

8. Post-operative aspirations must be done in all closed cases the first forty-eight hours after operation.

9. No attempt should be made at the Base Hospital in France to remove a foreign body from the lung.

A New Incision for Appendectomy.

Dr. Leigh F. Watson, Chicago, in a paper in Annals of Surgery, October, 1918, says:

The number of incisions that have been brought forward for appendectomy from time to time, show that no one incision is adapted to all cases. Many writers have noted that in the cadaver the base of the appendix is found at McBurney's point, while in the living subject it is below this point, usually on a level with the center of Poupart's ligament. A number of operators have called attention to the ease with which the appendix can be removed when operating for right inguinal hernia. Since 1910, I have used a new incision, with its center over the base of the appendix, and believe that in many cases it is an improvement over those in general use.

Incision: A point one and one-half inches from the right anterior superior spine, on a level with a line connecting the two superior spines, is selected for the beginning of a vertical incision which extends directly downward for two to three inches to a point just above, and to the inner side of the internal abdominal ring. Advantages: Traction to expose the appendix is avoided, because this incision, in the external oblique and its aponeurosis, the most resistant structures, is directly over the base of the appendix. It can be enlarged without weakening the abdominal wall. The iliohypogastric and ilio-inguinal nerves are not injured because the incision lies between them. Because this incision is made over the cecum, the small intestines do not crowd into the wound as they do when the McBurney and lateral rectus incisions are used.

End Results in the Treatment of Undescended or Maldescended Testes.—Dr. William B. Coley, of New York City, read a paper on this subject in which he reported 415 cases and drew the following conclusions:

1. That in most cases of undescended or maldescended testis the etiology points to a congenital origin, often influenced by the element of heredity and frequently associated, particularly in the double variety, with other developmental defects.

2. While the question of the functional value of the undescended testis cannot be definitely answered in an individual case, it is probable that in a considerable number of cases, at least ten per cent., the testis retains the power of spermatogenesis.

3. The testis should rarely be sacrificed, especially in children, for two reasons: a, Because of its possible functional value; b, because of the interstitial cells which are present in all cases and which have an important influence in the development of the male characteristics of the child.

4. The tendency to malignant disease is relatively considerably greater in the undescended than in the normal testis.

5. Operation should be advocated in children who have reached the age of eight or ten years, for the following reasons: a, For the radical cure of the hernia with which the undescended testis is practically always associated and which often cannot be controlled with a truss without causing pain and irritation to the testis; b, by bringing the testis down into the scrotum at this period there is a possibility of causing further and more normal development of the testis.

6. Operation in adults over the age of fourteen, should be even more strongly urged for the following reasons: a, In order to cure the accompanying hernia; b, in order to place the testis in a position in which it is much less liable to trauma thereby lessening the chances of malignant degeneration; c, for the mental and moral effect upon the patient.

Acute Intestinal Obstruction.

Drs. Lynch and Draper in the Medical Record, August 17, 1918, present an analysis of their last twenty-four cases of acute intestinal obstruction, occuring in twenty-two patients, showing a mortality of 25 per cent. They attribute their low mortality to early recognition and immediate operation. They conclude their general discussions as follows:

1. Pain is the cardinal symptom of acute intestinal obstruction. It is typical. It is characterized by exacerbations and remissions as well as by a rhythm similar to that of the peristaltic wave which causes it. "The intensity of the pain is directly proportionate to the strength and irregularity of the peristaltic wave." (Lynch.)

2. Clinically we recognize three periods in acute obstruction. These merge imperceptibly —the first, until the forty-eighth hour; the second, until the seventy-second hour; the third, after this hour. Operation within the first period is practically free from mortality. In the second it is high. In the third period it is a forlorn hope.

3. Drugs, especially cathartics, must be avoided. Enemas are useful, but the correct interpretation of their results is all important.

4. Acute intestinal obstruction of the oral bowel unless released early results in an endocrine death. Bacteria have nothing to do with it.

5. There is only one form of acute intestinal obstruction, viz., that caused by mechanical means. The so-called adynamic or paralytic form should be looked upon in its true light, viz., that of a protective symptom, and valued accordingly.

The Pneumonia.

By Dr. Victor C. Vaughan, in the Journal of Laboratory and Clincal Medicine.

While our knowledge of acute inflammation of the lungs, known as pneumonia, is still meager, and wholly lacking in many particulars, we are justified in at least tentatively and tmidly making some suggestions.

During the Spanish-American war we recognized typhoid fever and included all of a certain group of diseases under this designation. We now distinguish between typhoid and the paratyphoids, and of the latter we know that there are at least two. We distinguish between the bacilli causing the typhoidal diseases and we know that a vaccine which protects against typhoid does not protect against paratyphoid, and vice versa. The facts seem to justify us now in using the word pneumonia in the plural, and in speaking of the pneumonias. Of the pneumococcus there are at least four types, and possibly many more. Then there seems no doubt that the streptococcus does cause both lobar and bronchopneumonia. How many

types of this organism are capable of causing pneumonia we do not know. There are cases of pneumonia in which Friedlander's bacillus is found in pure culture and some pathologists are quite sure that this organism induces characteristic lesions which distinguish pneumonia due to this bacillus from the pneumonias due to other bacteria. During the prevailing influenza pneumonia skilled observers have obtained pure cultures of Pfeiffer's bacillus from the lungs by puncture during life. In the present state of our knowledge we may say that pneumonia may result from the growth in the lungs of the following bacteria:

(1) The pneumococcus, of which there are at least four known types; (2) the streptococcus, of which there are many types, the hemolyticus apparently being the most virulent; (3) the Friedlander organism; (4) the Pfeiffer bacillus. There is some evidence that a staphylococcus may cause pneumonia. Then, we must add the more specific pneumonia caused by the plague bacillus and which is believed to cause 100 per cent. mortality.

We are beginning to realize that any bacterium which is capable of growth and multiplication in living lung tissue may be the cause of pneumonia. When such an organism multiplies in pulmonary tissue and sensitizes the body cells begin to destroy the involving bacterial cells and the result of this change is the liberation of the protein poison with local inflammation and systemic poisoning. The poison set free is the same whatever the name or character of the invading bacterium may be. If this conclusion be true, to what extent and from what cause may we reasonably expect the lesions to vary with variations in the kind of bacterial growth in the lung? This is an important question, and the following tentative explanation is offered. Each bacterium has its predilective tissue upon which it feeds. No living thing can grow and multiply without access to food, and nothing is food to a given organism unless it furnishes elements which can be prepared, absorbed and assimilated by the cells of that organism. As a result of this fundamental and basic biological fact we may expect that the widely different complex tissues of the lung will vary in their suitability as food supply to the widely different invading cells. When we recall that Pasteur showed that certain bacteria act upon one form of tartaric acid and are wholly without action upon another, the two differing only in the relative arrangement of their atoms, we gain some adequate comprehension of the essential relationship between food and consumer, between nutritive medium (whether it be natural and a constituent of the living body or artificial and in the test tube), and the organism which it supports. Whether the pneumococcus, the streptococcus, the Pfeiffer bacillus and other organisms, each selects some histologic element in the lung tissue upon which it feeds, in which it multiplies and in which it is broken up by the sentized body cells, we do not know. The solution of this question should be one of the problems constantly held in mind by those who are now studying the pathology of pneumonia. Since in most cases the infection is a mixed one, this problem will not be easy of solution. At present it is certainly difficult to name the infecting agent from a study of the lung tissue after death. Still there are some suggestive findings. It is well known that the Pfeiffer bacillus will not grow on artificial culture media unless hemoglobin be present, and the fact that hemorrhages into the lung tissue and in other parts of the body are more common in influenza pneumonia than in other pneumonias may have some meaning. The fact that typical lobar pneumonia is most commonly associated with some type of pneumococcus and that the streptococcus is often present in bronchopneumonia may have a significance not hitherto attached to them.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

The regular meeting of the Atlantic County Medical Society was held March 14th, at the Hotel Chalfonte, Atlantic City.

"The Use of Corpus Luteum and Pituitary Extracts in Pregnancy and in Labor," was the subject of a paper by Dr. John Cooke Hirst of Philadelphia.

Pituitrin is of value in the induction of labor at or beyond term. It is a substitute for easy forceps delivery. It should never be used in primipara unless the head is on the perineum; in multipara, never use it without full dilatation of the cervix. Never use it if there is any obstacle to delivery. When pituitrin is used, there is more bleeding after delivery; also the patient is more apt to have after pains. Always use aseptic ergot afterwards.

Dosage: ¼, ⅓, rarely ½ ampule. Never use surgical pituitrin. Make the injections deep in the muscle.

Corpus luteum, in a series of 115 cases, was found to control the nausea of pregnancy. 1 c.c. administered daily for 12 doses, sufficed for the ordinary cases. Relief comes at 6th dose, but the results are not permanent until 12 doses are administered. In more severe cases, the injections are given twice daily; in most severe, given intravenously with immediate results.

The smallest number of doses in successful cases was four; the largest number 42.

"The Ductless Glands and Mental Function" was the subject of a paper by Dr. Charles W. Burr of Philadelphia. The lack of exact knowledge regarding these glands made it necessary to treat the subject speculatively. In the treatment of mental disease, the only gland that has given successful results is the thyroid.

In the discussion that followed, Dr. Montgomery of Philadelphia and Dr. Marcy of Riverton took part.

The society recently gave a musical and dance at the Hotel Chelsea. The proceeds were divided amongst local charities.

MIDDLESEX COUNTY.

Charles J. Sullivan, M. D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held in the Nurses' Home of the Middlesex Hospital, New Brunswick, March 19, 1919. Dr. Forney of Milltown, president, occupied the chair. Those present were Drs. Selover, Hoffman, Gruessner, Forney, Donohue, English, Henry, Smith,

Gutmann, Meinzer, Klein, Runyon, Saulsberry, Voorhees, Carroll, Scott, Sullivan, Lippincott.

Dr. Charles B. Burnett, South River, was proposed for membership and referred to Committee on Ethics.

Dr. L. Duncan Bulkley of New York City, read an exceedingly interesting paper on "The Present Status of the Cancer Problem." (See page 111 for this paper, editor). Preceding the reading of the paper, he exhibited and explained a chart giving mortality statistics which showed the decrease in deaths from tuberculosis and a constantly increasing number from heart disease, nephritis and cancer during the past few years. He dwelt on the medical and especially on the dietetic treatment of cancer and the paper was extremely practical and instructive. It was ably discussed by Drs. Donohue, English, Saulsberry, Meinzer and Henry.

The Committee on Ethics reported favorably on the election of Drs. Coble, Tobey and Burnett and they were elected members of the society. Dr. Judson G. Cottrell, of Perth Amboy, was nominated for membership, for action at the next meeting.

A vote of thanks was extended to Dr. Bulkley for his able paper and the meeting adjourned.

MORRIS COUNTY.

Britton D. Evans, M. D., Reporter.

The regular meeting of the Morris County Medical Society was held Tuesday afternoon, March 11, 1919, at the Mansion House in Dover, New Jersey. The meeting was largely attended by the members of the society and the comparatively few absentees were easily accounted for by reason of being away in army service or unavoidably detained. The attendance of guests also was large and being accorded the privileges of the meeting several of them contributed to the zest and interest of the occasion. Luncheon preceded the formal launching of the meeting and this afforded opportunity for much close-up table talk on pertinent topics and fraternizing among the occupants of the various tables all of which helped to the splendid spirit that pervaded the entire program.

The formal meeting was called to order by President Harris Day at the end of the repast and after matters of routine order were disposed of, including one application for new membership, the president introduced Col. John C. McCoy, M. D., of Paterson, New Jersey, lately returned from front line medical and surgical activities. The president referred to Col. McCoy as one of the profession who made good and whose work has been acknowledged. Col. McCoy's subject was "Medical and Surgical Work at the Front." He very happily chose as his form of entertainment and enlightment a closely weaved narrative of his experience and observations, which he gave with cameo clearness, from the time of his embarkation on the "Olympic" on February 20, 1918, to the final chapter at the Argonne Forest. He went over with 7,500 troops and as by appointemtnt of the Commanding Officer of the transport he was made Chief Sanitary Inspector, his duties began before he was well out of the harbor. To his activities under this appointment the Colonel ascribed his freedom from seasickness from which former experiences afforded him no reason to regard himself as immune. Landing in Liverpool after seven and a half days' voyage, he traveled through Havre to Vichy, where they were met about eleven o'clock at night by the Mayor and where Base Hospital No. 1 was located, this being the first American Unit to arrive at this famous summer resort. As the hotels had been closed since the preceding summer it was a case of make yourself as comfortable as possible under conditions anything but inviting. Nine of the largest hotels of the place were assigned to the unit which accommodated 2,500 beds. Owing to the impossibility of obtaining proper French help, the nurses of whom he gallantly proclaimed he could not speak too highly, went to the task and with their own hands scrubbed the hotels from top to bottom; that this was no small task readily can be appreciated from the Colonel's description of the conditions obtaining in these hotels; they were cold, drear and filthy, having been occupied by the French for two years and the French did not leave places in any too cleanly a condition. The Colonel detailed the quick jumps under orders from one place to another and the conditions and methods existing in each hospital camp. He reached Amiens and Soissons just about the time of the retreat of the British Army, most of which he witnessed, the force being in a deplorable condition. He also saw the French Army going up to fill in the gap and it being the first time he ever had seen an army moving up to the front he regarded it as the most impressive sight he ever had witnessed. Traveling in a motor car at a speed of from 25 to 30 miles an hour, he said it took about two hours to pass the several divisions then marching toward the front. His work now was in a hospital where from 300 to 500 patients were received at a time and with only very meagre facilities to cope with the situation, his staff consisting of only 23 nurses and 14 medical officres. The Colonel stated that there constantly was a shortage of medical officers and the surgical supplies ran so short at times as to reach the point where supplies had to be secured and improvised and made the most of. He drew a vivid word picture of the medical and surgical work in their larger aspects and with rare fineness of detail described the methods employed and cited many interesting and illuminating incidents of the big event. He graphically described hospital bombing by the Boche which left nothing upon which to rest a doubt that the despicable descent upon the helpless wounded and those ministering to them was done with intent deliberate. He exhibited photographs taken by nurses of hospital camps, showing the arrangement of the tent wards with their sanitary and hygienic features; also the wreckage and havoc wrought by the bomb of the abominable Boche. Being lulled asleep by bursting bombs was an ordinary experience. Paraffin paper had to be substituted for glass in order to withstand the vibration caused by bursting shells about the hospital camp. The Colonel made cordial recognition of the kind and courteous attentions received from the French surgeons and said the knowledge gained among them assisted more than any other thing in the success of the American Evacuation Hospital. The Colonel dwelt fervently upon the heroism of the Amer-

ican soldier and his utter obliviousness to suffering and referred to his heroic conduct when going in with the French at Chateau Thierry and cleaning out that salient, thus turning the tide in the face of successive advances by the Boche, which had spread a thick mantle of gloom over the Allies who previously had been making preparations to retreat. The Colonel spoke of the inadequate hospital facilities provided by the army and said that the Red Cross recognized the army was not prepared to meet the conditions which might arise at Chateau Thierry and that subsequent events proved the Red Cross to be thoroughly correct in its foresight. He referred to a feeling on the part of the Army toward the Red Cross as the Army came there with the idea of being perfectly capable and equipped to take care of whatever battle casualties might arise, but this idea was quickly dispelled by the avalanche of casulties to be cared for; these not only swamped the Army provisions, but taxed the vastly greater accommodations provided by the Red Cross. He said there would be from 50 to 75 Pierce-Arrow truck loads of wounded coming down at a time. These embraced all sorts of military surgical cases and at times the surgeons operated continuously for forty-four hours without rest, except time for meals for the surgeons and nurses. The Colonel said there never was a time when there were enough medical men at the front and never a time when they were not handicapped by lack of sufficient nurses. Of the American Hospital Train the Colonel spoke in the superlative degree of approval and labeled it as the last word in military surgery. He spoke of the difficulty of a surgeon for civil life getting accustomed to front line work with a shortage of supplies, instruments, dressings and all the necessaries and with a laundry proposition with which it was hard to deal. The Colonel showed maps to indicate the route taken in moving from one hospital to another, which movements usually were made under cover of night and showing the geographical conditions very clearly at the Argonne Forest to which he was transferred. The hospital camp was indicted by a large Red Cross made of red bricks on a back ground of ashes which showed up visible for a distance of two miles, leaving little excuse for unintentional bombing by the Boche. The Colonel explained in detail the methods employed in receiving, sorting and admitting patients, their progress through the hospital and entrainment to rear hospital camps. He said that at the Argonne Forest they were receiving from 1,000 to 1,200 patients a day. In the X-ray work pictures were not taken or developed, but the patients was marked where the foreign body or substance was located as a guide to the surgeons. The Colonel presented numerous statistics indicating the admission, evacuations fatalities and number of the different kinds of operations. He also exhibited various kinds and forms of eclat or foreign substances found in the patients operated and as these were of Boche design they were not calculated to make a clean-cut wound or minimize the difficulties of operation for their removal. The Colonel referred to the viewpoint of the Army as distinguished from that of a surgeon in civil practice. In the Army surgery is practiced first upon the men with minor wounds, the main purpose being to repair them for return to the fighting lines, whereas in civil life a person with the most serious injury woud receive first attention for the purpose of saving an individual life.

Of the American soldiers Colonel McCoy said he was the most wonderful proposition he ever had seen and said of him that a winner is a man who holds on just a moment after he is all in, as the American soldier demonstrated where the French had tried and the English had tried. He said he had seen from 1,500 to 2,000 Americans lying out in the rain and never complaining. The Colonel spoke in high terms of praise of the results from the use of splints and said that the use of splints was one development out of the war which had come to stay.

The impressiion was that more medical men would have been sent abroad instead of being held in camps in the country for military training, as their training did not count for anything in the work of a military surgeon.

In order to express to Col. McCoy the society's appreciation of his instructive and interesting address and its appreciation of him as one of the profession who had done his work capably and well and who in turn appeared before the society with news fresh and crisp from the battlefield, in which confidence could be reposed. Dr. B. D. Evans, medical director of the State Hospital, Morris Plains, moved a rising vote of recognition and esteem be given to Col. McCoy; this form of recognition was adopted and given with complete and spontaneous unanimity.

Among the guests was Dr. Levy of the State Department of Health, who was introduced by President Day and the speaker outlined briefly a contemplated state-wide movement having for its purpose the saving of mothers and babies. He said that the State Department of Health hoped to bring into every county and community the knowledge it has of preventive medicine as it applies to expectant mothers, babies, children and school children and that the medical profession should be adequately represented in the local administrative bodies to be established to carry on the work. He said it was hoped that New Jersey would be the first State to have an organization for the conservation of maternal and infant life. Dr. Evans asked for additional information from Dr. Levy and made the proposal that the President of the Society be empowered to appoint two committees, one on Obstretrics and the other on Pediatrics to treat with the work and organization of the movement outlined by Dr. Levy. This proposal was supported by Dr. Hutchinson of Pompton Plains and unanimously carried.

Others of the guests who addressed the meeting were Dr. Harvey, president of the State Medical Society; Dr. D. C. English, editor of the Journal; Capt. Buck, post surgeon, and Lieut. Radack, dental surgeon, of Picatinny Arsenal. Those in the service seemed to feel that there was an oversupply of medical officers in the home camps and expressed themselves as willing to be among those to decrease the dearth on the other side referred to by Col. McCoy had they been free to follow their own wishes and inclinations. Other guests present were Drs. Bennett and Oram, Dr. C. C. Beling of Newark and Dr. Walter B. Johnson of Paterson.

UNION COUNTY.

Russell A. Shirrefs, M. D., Reporter.

The regular meeting of the Union County Medical Society was held at the Elizabeth General Hospital January 6th, and was well attended. While there was no essayist, there were many interesting clinical reports, which were freely discussed.

Dr. I. Alfred Lawrence of Elizabeth presented his resignation as a member of the society, but it was voted not to accept it. Charges were preferred by Dr. Conover against Dr. I. Alfred Lawrence for having produced a criminal abortion. The censors were asked to investigate the charges, and if found true, to recommend that Dr. Lawrence be expelled from the society. In the dicussion that followed, Dr. Mravlag said he thought Dr. Lawrence should not only be expelled from the society, but also from the medical profession. He offered a motion, which was carried, that the secretary be instructed to inform the State Board of Medical Examiners of Dr. Lawrence's acts, submit the evidence, and request in the name of the society the revocation of Dr. Lawrence's license. Dr. Lawrence requested a hearing before the board of censors, which was granted him on January 17th. As a result of this hearing, the censors found that the charges against him were sustained, and recommended that he be expelled from membership in this society. A special meeting of the society was held March 5th, at which this report of the censors was received, and their recommendation adopted. The secretary was instructed to notify Dr. Lawrence of his expulsion.

It was moved and carried that a commitee of five be appointed to arrange for a suitable celebration of the society's 50th anniversary in May, and to report their plans at the next regular meeting.

Local Medical Societies.

Medical Section Rutgers Club, New Brunswick.

F. M. Hoffman, M. D., Secretary.

The regular annual meeting of this club was held at the Alumni House, New Brunswick, on March 14, 1919, at 9 o'clock P. M. In the absence of Dr. A. L. Smith, chairman, Dr. C. E. Saulsberry presided.

The following officers were elected for the ensuing year:

Chairman, Dr. C. E. Saulsberry; vice-chairman, Dr. D. C. English; secretary and treasurer, Dr. F. M. Hoffman.

The paper of the evening was given by Dr. N. Nes. Forney of Milltown, on "Anthrax," with Report of a Case." It was discussed by Drs. Gutmann, English and Scott.

Resolutions expressing deep regret at the death of Mrs. Merrill, wife of Dr. Charles F. Merrill, as drawn up by Drs. Gutmann and Howley, were adopted, ordered entered on the minutes and that a copy of the same be sent to Dr. Merrill.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, March 28, 1919, at 8.30 P. M., Dr. Tator entertaining and Dr. Krauss in the chair.

Present: Drs. Bowles, Jaquith, Kay, Keeney, Krauss, Lamson, Pollard, Smalley, Tator and Wolfe, and Dr. Ash as guest.

The paper of the evening was read by Dr. J. T. Simonson of New York on "The Role of Carbohydrates in the Diet of Infants and Older Children." He gave a thorough analysis of the physiology of digestion of carbohydrates, and called attention to the fact that CHO-digesting ferments are now known to be present much earlier in life than has been hitherto supposed. Those which are freest from cellulose are most easily digested. Milk sugar assists in maintaining the normal flora of the intestinal canal. Maltose is the most readily absorbed and tends to produce fat babies. Cane sugar has the least value of all the carbohydrates. Starch can be used after two months. Mixed CHO—a combination of starch, maltose and dextrose—are the best for feeding.

He described the symptoms of excessive CHO feeding. Acute milk-sugar intoxication resembles acidosis. In cutting down CHO, fats must be cut down at the same time.

Meetings Announced.

THE MEDICAL SOCIETY OF NEW JERSEY ONE HUNDRED AND FIFTY-THIRD ANNUAL MEETING IN THE NEW MONMOUTH HOTEL, SPRING LAKE, JUNE 24 and 25, 1919.

THE AMERICAN MEDICAL ASSOCIATION AT ATLANTIC CITY, N. J., JUNE 9-13, 1919.

THE AMERICAN MEDICAL EDITORS' ASSOCIATION AT ATLANTIC CITY, JUNE 9 and 10, 1919.

Pan-American Child Welfare Congress.—The United States has been invited through the Uruguayan legation to send delegates to the second Pan-American Congress for the Welfare of the Child to be held at Montevideo. The congress will meet May 18 to 25, the session having been postponed several times because of the war.

Academy of Medicine of Northern New Jersey.

The stated meeting of the Academy will be held on Wednesday, April 16th, at 8.45 P. M., when officers for the ensuing year will be elected. The scientific paper will be presented by Major Karl W. Ney of the U. S. Army General Hospital No. 3, Colonia, N. J., on "Neurological Surgery and Its Development in the Present War."

The Section on Medicine and Pediatrics will meet April 8, at 8.45 P. M. After report of cases, an illustrated paper will be read entitled, "With the Eskimos Near the North Pole," by Dr. Thomas Dedrick.

The Section on Eye, Ear, Nose and Throat will meet on Monday, April 14, at 8.30 P. M. After report of cases a paper will be read by Capt. H. M. Johnson, M. D., U. S. Army M. C., on "Visual Discrimination of Detail by Vertebrate Animals with Various Types of Eyes."

The Sections on Surgery, Gynecology and Obstetrics, under the auspices of the Section on Gynecology, will meet on Tuesday, April 29, at 8.45 P. M. After report of cases, there will be a symposium on "Hemorrhages of

Pregnancy," as follows: "Abortion" by Dr. E. A. Ill, discussed by Dr. J. F. Hagerty; "Ectopic Gestation" by Dr. Victor Parsonnet, discussed by Dr. A. B. Nash; "Accidental Hemorrhage" by Dr. Z. Hawkes, discussed by Dr. J. B. Morrison; "Placenta Praevia" by Dr. H. B. Kessler. discussed by Dr. J. F. Condon.

The meetings will all be held in the Board of Health Auditorium, Newark, corner of Plane and William streets.

Miscellaneous Items.

The N. Y. University and Bellevue Hospital Medical College will admit women on the same basis as men and with full privileges of the college in September, and will grant them the degree of Doctor of Medicine on graduation.

Dr. Samuel W. Lambert has resigned as professor of clinical medicine and dean of the medical faculty of the College of Physicians and Surgeons, Columbia University, New York.

Venereal Disease Clinic.

A night clinic for the treatment of venereal diseases has been opened at the Beth Israel Hospital, Newark, on Wednesdays and Saturdays from 7 till 8 o'clock, in charge of Dr. Louis L. Davidson.

First Woman Physician in U. S. Dies.

Mrs. Sarah L. Cushing, 100 years old, one of the first women to practice medicine in the United States, died at Lockport, N. Y.. Mar. 12. She was once associated with Miss Elizabeth Blackwell of New York, another pioneer of the profession. She went to Lockport forty years ago, practicing since that time.

London Physicians Form a Business Union.—A despatch to the New York Sun states that, in view of the impending establishment of the Ministry of Health and its consequent effect on the merical profession, a meeting of some London physicians, both men and women was held on February 23 and by a vote of 207 to 30 adopted a resolution favoring the immediate organiaztion of the profession on a trade union basis.

Prescribing by Phone in Mid Ocean.

Possibilities of the wireless telegraph and telephone in the treatment of medical cases at sea had a try-out during the voyages of the transport Sierra and Powhatan, which arrived from France. On the way over the surgeons of the Sierra received a request by radio from the master of the British steamer Pollac, 100 miles away, to prescribe for a member of the crew who was seriously ill. The symptoms were given and the transport surgeons wirelessed back their directions for treatment. A later report said the man had shown improvement. Wireless telephones are being installed on all war ships and transports, enabling communication within a radius of twelve to forty miles. Medical officers of the Powhatan and Sierra held several radio conferences in mid-Atlantic.

Civil Service Examination for Medical Intern.—The United States Civil Service Commission announces that open competitive examinations will be held on March 12th, April 9th, and May 7th for medical intern to fill a vacancy in Saint Elizabeth's Hospital, Washington, D. C., and future vacancies requiring similar qualifications. The positions are tenable for one year and pay $75 a month and maintenance. During the year a postgraduate course in mental and neurological diagnostic methods is given, an examination is held, and promotions to the grade of junior assistant physician are made. Saint Elizabeth's Hospital has over 3,000 patients and 800 employees to care for, and excellent scientific opportunities in neurology and psychiatry are offered, in addition to the general medical practice. For further particulars regarding the scope of the examination and for the proper application blanks address the Civil Service Commission, Washington, D. C.

"That These Honored Dead Shall Not Have Died in Vain."

(Abraham Lincoln)

What President Lincoln said at Gettysburg, Nov. 19, 1863, has deep significance today. It is the paramount duty of all Americans that the 58,478 men who died for us in the great war shall not have laid down their lives in vain—that the 262,723 men who were killed, wounded or captured by the enemy shall not have made their sacrifices for naught. They fought the battles and bore the tortures of gas, fire, cold, privation, sleeplessness, and incessant peril. It was for us that they "poured out the last full measure of their devotion." Our duty is to see that the war costs are honestly and promptly paid, that the Yankees over there are as speedily as possible brought back and restored to the privileges and delights of home and peace.—Illinois Med. Jour.

Compulsory Health Insurance.

Dr. J. P. Davin, New York, in a communication in the Medical Record says:

The following resolution was passed at a meeting just held by Rensselaer County Medical Society, N. Y. State. The various county medical societies that are still to pass upon the subject of health insurance, as suggested by the president of the State Medical Society, might well take them as a model for their findings. They can hardly be improved upon, either in spirit or in form.

Resolved, That each and every practising physician, surgeon, nurse and dentist in the County of Rensselaer pledge themselves to oppose the passage of the bill; that each one of them visit in person or write the Governor, Senator and Assemblyman of their respective districts protesting against the bill; that they pledge themselves under no circumstances to enter into any contract under this health insurance law.

Every physician in the State might well follow this example if he wants to preserve his right to practice medicine as an independent calling, and to protect 80 per cent. of the population from a form of contract medicine forced upon them without their knowledge or consent by labor politicians anxious to pose as benefactors of their class and as dispensers of medical charity by the State.

THE JOURNAL

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Each member of the State Society is entitled to receive a copy of the Journal every month.

Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured if,—

All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to The Editor.

All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal are sent direct to The Chairman of the Publication Committee.

Do not forget that the

153rd ANNUAL MEETING

of the

Medical Society of New Jersey

will be held in the

NEW MONMOUTH HOTEL

SPRING LAKE

June 24th and 25th

Plan to attend—You can't afford to miss it

OVERDUES.

We are again compelled to postpone the issue of this year's Official List of our Society's Officers and Members, by the failure of many members to promptly remit their annual dues. We shall issue it with the May Journal. This is the only list that will be published this year, and if any delinquent member's dues are not paid *at once* their names cannot appear with the names of members in good standing, Will such members therefore please send their dues to their county treasurer, requesting him to immediately forward the same to Dr. Mercer, treasurer of the State Society. *This is the last call.*

The Pennsylvania State Journal's editorial on "Overdues" applies to New Jersey as well. It says:

From all appearances a very large percentage of members will soon be classified under the above heading. If you do not pay your 1919 dues until after March 31 you not only disqualify yourself for several benefits of membership, but you also increase very materially the current expenses of your county, State and possibly your national society. In assuming this obligation you no doubt had the best of intentions, but in procrastinating in the discharge of said obligation you deliberately impose needless trouble on those who serve you. At this writing but ten county society have remitted for 90 or more per cent. of their members. Help to place your society in the 100 per cent. class by mailing today your check for 1919 dues. You know how you thrill to the exceptional patient who responds by return mail to your statement for services. Treat your county society officers to the same delight—make it now.

LEGISLATION ON NURSING.

There is probably no legislation proposed at the present time bearing upon the welfare of the sick, wounded and other disabled persons than that relating to the nursing situation, and there is possibly no legislation that needs more careful watching to guard the sick and disabled from the arbitrary demands of a few over-zealous persons who would unduly exalt a so-called profession for their own advantage, to the detriment of those they profess to sympathize with and serve, regardless of the actual needs and financial conditions of the latter.

We take the following from an editorial in the March Illinois Medical Journal in reference to two bills pending in the legislature of that State:

House Bill No. 151.—Senate Bill No. 116—is the bill being urged by the nurses' association, or rather some of its officers, as the bill is not popular even among the nurses. This proposed measure is wrong all the way through. It is inhuman; it is obnoxious.

Briefly the bill provides that an applicant must have at least one year of high school; after 1924 they must have graduated from high school. To qualify as a registered nurse, one must have completed a twenty-seven months' course of training in a reputable training school. This bill also provided for a junior nurse, who has had at least one year of high school and has completed a training course of eighteen months. The junior nurse may nurse the sick or disabled, but may neither engage in public

health nursing nor act in any supervisory capacity. She must be under the supervision of a registered nurse, subject to the authority of such registered nurse; and no provision is made for her ever emerging from such slavery. The bill makes it unlawful for any but a registered or junior registered nurse to do nursing outside of one's immediate family.

Surely the devotees of the nursing act, who are responsible for this bill, have forgotten the prime or basic principle advocated by their predecessors. The measure is extremely detrimental to public welfare and should be defeated.

The other bill, House Bill No. 174—Senate Bill No. 124—is the bill advocated by the Illinois Hospital Association. It is very acceptable, and at least considers humanity in permitting others than trained or registered nurses to care for the sick. Briefly the measure provides for an applicant having completed a grammar school course. A twenty-four months' training course in a reputable training school for nurses is required before being qualified as a registered nurse. This measure, if passed, will materially aid in supplying competent nurses for all purposes. The bill is a good one and should be supported.

Dr. M. L. Harris, in an address before the City Club of Chicago, after setting forth the provisions of the first-named bill—House Bill No. 151—said:

"Can anyone imagine anything more uncalled for, more unnatural, more undemocratic, more unAmerican, more unjust, more unbearable, or more unconstitutional, than for the law to attempt to prohibit an individual to make use of his normal talent in a perfectly legitimate manner, for his own improvement and betterment in life?"

The great need today, as shown in the recent influenza epidemic, is for a large number of plain—not "professionally trained"—intelligent, sympathetic nurses who will carry out the doctor's directions and faithfully care for the sick who cannot afford to employ the high-salaried trained nurse. Where the patient is wealthy, he can afford to pay for the extra attention he may receive from the trained nurse.

We take the following extracts from a paper by Dr. H. J. Haiselden, chief surgeon of the German-American Hospital, Chicago, which is published in the February Journal of Homeopathy, in which he expresses his belief that over 50,000 deaths in this country during the influenza epidemic were caused by "the asinine rulings of State Boards which prevented hospitals from admitting to their Training Schools young women who were thoroughly efficient." He says:

"The best class of nurses come from young women who have had good home training, Grammar School education, and who are from bread-winning families. Nurses are frequently retained in Training Schools, who are incompetent and unsatisfactory, because they have had one year of High School education in compliance with the requirements of the State Board of Nurse Examiners. Daughters of thousands of mechanics have been rejected from the Training Schools because they have not been in a position to obtain the one year in High School, but otherwise qualify. Some are even advocating a four-year High School education as a preliminary requirement. * * * *It is dangerous to educate a nurse until she thinks she is equal to the physician in the diagnosing and treating of disease, but it is necessary for her to be so instructed that she can intelligently follow the instructions of the physician. A too highly educated nurse is educated above her work so that the mere thought of doing the so-called menial work in the nursing profession is abhorrent to her.*

A wounded soldier, covered with dirt and mud, must not be handled and prepared by this *super-nurse,* but that must be looked after by an inferior worker. When it comes to nursing in our war hospitals many of the orderlies who did nursing were men taken from the ranks, and they were not required to have a three-year training by any means before they were admitted to actual nursing in the hospitals, nor were they asked if they had a High School education."

The Journal referred to above also contains the following editorial under the heading—"The Impractical Super-Educated":

"One of the important lessons the world war has taught us is the fact that it does not require forty years to make a soldier nor as much time as formerly supposed to make a successful practical physician or nurse. Too long a period of incubation of the raw material often results in the loss of the natural initiative and the product is simply an automatic machine which was the fatal defect of the long baked German soldier. It is a fact that can be easily verified that the recognized successful practical physician in general practice is not the super educated man. The observation will hold good in the nursing field. Above all things the patient needs the really practical nurse."

THOMAS ADDIS EMMET, M.D., LL.D.

We announce with regret the death of the oldest Honorary Member of The Medical Society of New Jersey who was elected at the annual meeting in 1884—Dr. Thomas Addis Emmet, the eminent physician and gynecologist of New York City, aged 91 years. A grand nephew of the Irish patriot, Robert Emmet, he was himself a world figure in the fight for Irish home rule.

GEORGES CLEMENCEAU.

We inserted in our January, 1918, Journal an editorial entitled "Clemenceau—A Physician." We find in the March, 1919, Boston Medical and Surgical Journal an editorial on this distinguished physician who was the son of a physician and is one of the ablest of the world's statesmen today. His marvelous escape from the assassin's recent attack on his life has called forth gratitude of all believers in true Democracy who are advocating and striving for the world's peace and humanity's welfare. The Boston Journal says:

The recent attempt upon the life of Georges Clemenceau has recalled the fact unknown to many that this famous French statesman was once a physician, and, furthermore, at one time a teacher in this country. He was born in Mouilleron-en-Pareds, Department of Vendee, on September 28, 1841. In 1861, he went to Paris for the purpose of studying medicine, and remained there for some time after obtaining his doctorate. In 1865, Clemenceau came to America, virtually an exile from Imperial France. He had just completed a term in prison for shouting "*Vive la Republique*" in the streets of Paris. Upon his arrival in America, he attempted to build up a medical practice in New York, but he was compelled to turn to school teaching to earn his livelihood. In a school for girls in Stamford, Connecticut, he gave instruction in the French language and literature for two and one-half years.. In 1869, he married an American girl, Mary Plummer, one of his pupils. Later in his life, he married again, this time a Parisienne.

At the outbreak of the Franco-Prussian War in 1870, Clemenceau borrowed his passage money from a fellow practitioner of medicine and went to Paris, arriving just in time to witness the downfall of Napoleon III. and the rise of the third republic. He was appointed Mayor of the Montmartre District, and within a year he had obtained a seat in the National Chamber of Deputies. From that time on, Clemenceau became more and more powerful in French political life. He has twice been Premier of France, and has lived to have gratified his wish, that he 'could live to see the end of the war.'"

Surely the medical profession can—and has a right to, point with pride to the record it has always made for patriotism in the service of country and of humanity, notably during the World War, and the names of some of its members have been mentioned for eminent positions in our country because of their ability and reputations as statesmen.

GIFT TO THE ACADEMY OF MEDICINE.

Mrs. Strasser, widow of Dr. August A. Strasser—whose death we continue to lament—has presented to the Academy of Medicine of Northern New Jersey 500 volumes of medical literature from the doctor's library. The gift has been very thankfully acknowledged by Dr. E. D. Newman, secretary of the Academy, in a letter assuring Mrs. Strasser that the books will be valued by, and their use will ever give pleasure and be profitable to the members.

Dr. Strasser was formerly president of the Academy and one of its most devoted members, and this gift, therefore, seems eminently appropriate.

VICTORY OVER DISEASE.

Much has been heard of the triumphs of surgery that have resulted from the war, but according to Professor J. G. Adami, of the Canadian expeditionary force, rather the triumphs of preventative medicine are even more notable.

In past wars disease has commonly caused more deaths than have wounds. In our own Spanish war flies killed more men than bullets. But for his comparisons Professor Adami goes no further back than the Boer War. The British forces in South Africa, about equal to the Canadian expeditionary force in France, saw 130 out of every 1,000 men contract typhoid fever. The deaths were eighteen in a thousand—about twice the number killed in battle. From the entire British force in South Africa 57,684 were admitted to the hospitals for disease, while from the Canadian force in France in the entire four years of the fighting only 412 men were sent to hospitals because of disease. For every thousand men only one suffered from typhoid, says Professor Adami.

The immunity from typhoid was due to inoculation. Tetanus from wounds, prev-

alent in the early days of the war, was also largely overcome by the use of tetanus serum.—*N. Y. Tribune.*

THE DOCTORS.

From Collier's Weekly, March 15th.

One of the memorials that we hope some day to see—presumably it will take the form of a hospital, or some equally practical expression of human mercy—will be erected to the memory of American doctors and nurses who lost their lives in the war. The great traditions of the healing art were nobly carried on in those dreadful years. We are told now and then, almost as if it were a matter of discredit to the medical profession, that no really transcendent new discovery in medical science occurred during the course of the war. We doubt whether that is so: it is still too early for a *compte rendu* of the amazing and exhausting labors of doctors during the conflict. Even if it were so what of it? The fact remains that many of the sublimest heroisms and endurances of humanity took place in the dressing stations, where under every circumstance of weariness and horror doctors wrestled with death and counted themselves nothing.

Robert Louis Stevenson, who knew something about doctors, dedicated "Underwoods" to them, and while its tribute is tame to what it would be if he had seen the doctor on the field of battle, it is not to be forgotten:

> There are men and classes of men that stand above the common herd; the soldier, the sailor, and the shepherd not infrequently; the artist rarely; rarelier still, the clergyman; the physician almost as a rule. He is the flower (such as it is) of our civilization; and when that stage of man is done with, and only remembered to be marveled at in history, he will be taught to have shared as little as any in the defects of the period, and most notably exhibited in the virtues of the race. Generosity he has, such as is possible to those who practice an art, never to those who drive a trade; discretion, tested by a hundred secrets, tact, tried in a thousand embarrassments; and what are more important, Herculean cheerfulness and courage.

I consider the medical profession the noblest of all professions, and I believe that those who embrace it are, as Stevenson puts it, the flower of our civilization, and that there are fewer defests and more virtues among them than among any other class of men.

ROBERT W. CHAMBERS to the *Medical Review of Reviews.*

DEMENTIA PRAECOX AND OTHER FUNCTIONAL PSYCHOSES.

The past few years have witnessed the organization of many new medical societies and the issuance of many new journals, some of which were of questionable propriety. There seems, however, to have been need for the forming of the Society for the Study of Dementia Praecox in Chicago and for the new journal that society has recently issued as a quarterly, under the name of "Dementia Praecox Studies," because, as Dr. Bayard Holmes, secretary and treasurer of the society says: "It is devoted to the effort of bringing help to 140,000 speechless, helpless and hopeless dementia praecox patients who are now committed to institutions for the insane in the United States, whose term of life is short—about 15 years; the expense of whose care while small, about $200 a year, yet the aggregate is large, $28,000,000 a year for the United States."

It has been said that 60 per cent. of the total population of the insane asylums suffer from the so-called functional psychoses. Little hope has been offered them; no one fully understood the etiology of these cases and little has been done in the way of study or research until recently in our own State. With the great advancement of scientific knowledge the need of specialization is apparent and in view of the large increase in the number of the insane, here would seem to be one of the most important specialties requiring thorough study for prevention and cure of disease.

Dr. Henry A. Cotton, medical director of the New Jersey State Hospital at Trenton, has been working on the problem of the so-called functional psychoses which include the acute psychoses of the manic depressive group and the dementia praecox cases. He is of the opinion that the etiology in the two classes of cases is materially the same, that is chronic infections and the resulting toxemias which poison the brain. In the acute psychoses, those who would recover even with the presence of infection, the infection seems to be limited to the teeth and tonsils and perhaps in some cases the stomach.

In the chronic types, which include dementia praecox, the infection is of much longer duration and much more severe and the toxemia probably has a permanent effect on the brain tissue. Early cases of dementia praecox offer no more difficulties than the chronic types of manic depressive insanity. Perhaps the infection has gone further and

involved the whole gastro-intestinal tract. Early treatment in these cases has resulted in the recovery of a large number of the dementia praecox group. Treatment consists of eliminating all focal infections which means extracting all infected teeth, enucleating infected tonsils, treating infections of stomach and duodenum by means of vaccines made from bacteria taken from cultures of these organisms. The principal organism involved was the non-hemolytic streptococci and in the chronic cases this is complicated by a virulent colon bacillus. Why some cases will recover even when the infection is not removed and why some cases go on to dementia can best be explained on the toxic properties of the organisms and the patient's individual reaction to these toxemias and ability to immunize themselves successfully.

A mistake in the past has been to consider dementia praecox and manic deressive insanity as separate and distinct disease entities. In many cases a diagnosis is easy to make, but there is a large group in which the symptoms of each type intermingle to such an extent that diagnosis is extremely uncertain. Dr. Cotton emphasizes the fact that these so-called functional diseases should not be looked at as isolated mental diseases, but mental symptoms that should be considered incident to the chronic systemic infection which has involved the brain cortex. He also emphasizes the fact that the only way to cure these patients is to get them in the hospital at the earliest possible moment before the mental symptoms develop.

The work at the State Hospital at Trenton in the last nine months has been remarkably successful—having resulted in the discharge of 87% of the admissions against an average of 42% for a ten-year period. It is logical to assume that if chronic infections, as Dr. Cotton states, play a very important role in the cause of brain diseases that the prevention of these so-called functional diseases lies in the hands of the practicing physician. It is imperative that the general practitioner pay more attention to the condition of the teeth and tonsils, especially in their patients, and if this practice was followed there could be no question but what a great many of the cases which now have to be committed to the State Hospital could be entirely prevented. The dental profession has shown a remarkable interest in the question of dental relation to systemic conditions and a similar interest by the medical profession and their co-operation in this work would undoubtedly result in a decrease in the number of insane in the country

SYPHILIS AND ITS RELATION TO INFANT MORTALITY.

While statistics are by no means infallible and sometimes even misleading, they are at least suggestive and afford an index of the progress or decline of any one disease. However, figures with regard to the prevalence of syphilis are not so alarming as they ought to be. Judging from statistics tuberculosis causes more mortality and sickness by far than syphilis and yet the medical man in his heart of hearts knows that syphilis even as a cause of death is almost as destructive as tuberculosis, and that, on the whole, it is a greater menace to the human race than any disease. With regard to infant mortality and syphilis, Dr. P. C. Jeans of St. Louis, writing in the *American Journal of Syphilis* for January, 1919, shows how deadly syphilis is to infant life. From statistics he gathers the following facts: Between 10 and 20 per cent. of adult males and about 10 per cent. of married women are syphilitic and a minimum of 10 per cent. of marriages involve a syphilitic individual. Seventy-five per cent. of all the offspring in a syphilitic family are infected. In a syphilitic family 30 per cent. of the pregnacies terminate in death at or before term, a waste three times greater than is found in non-syphilitic families. Thirty per cent. of all the children born in a syphilitic family die in infancy as compared to a normal rate of 15 per cent. Probably 25 to 30 per cent. of clinically syphilitic infants die as a result of syphilis. Only 17 per cent. of all the pregnancies in syphilitic families result in living non-syphilitic children who survive the period of infancy. About 5 per cent. of our infant population is syphilitic. According to St. Louis vital statistics, 3.5 per cent. of all infant deaths are ascribed to lues.

Syphilis is a potent cause not only of infant mortality but of ill health, and at the present time is the most important public health problem. Jeans is of the opinion that for the proper control of syphilis it is necessary to consider the problem from the standpoint that it is a communicable disease, rather than a social or moral problem and that the primary point of attack in the prophylaxis of infantile or any other variety of syphilis is the adult carrier. Next in importance is the syphilitic mother. Finally, Jeans holds that there is no reasonable hope of preventing syphilis, consequently our

greatest effort must be directed toward treating the disease early and well. In the case of infants the management must be in the hands of one who is not only skilled in the diagnosis and treatment of this disease but one expert in the science of infant feeding.—*Medical Record, N. Y.*

HEALTH INSURANCE.

There seems to be no let up on the agitation of compulsory health insurance. There does seem to be a little less assurance that it is wanted in America. In fact, no one seems to be quite positive that it is a necessity except the "welfare" workers. Mr. Gompers of the Federation of Labor does not seem to think it necessary, and does think it has dangers even for the workmen whom it is designed to benefit.

The idea seems to have originated in Europe, and does not seem to have been either popular or beneficial there, if we can rely on those who have witnessed its working across the water. Yet there seems to be a very strong effort to force it upon us here by those societies that are interested in the enactment of the so-called model health bill.

With all the agitation upon this subject during the last year, but few seem to know just what it means or what it will include, and few if any aside from the large employers of labor seem to understand that it will be another burden for the taxpayer, as it is designed that at least 20 per cent. of the cost will come from the general tax fund. The farmers, the small business men, the professional men, who are not employers of labor and who are in no manner benefited, will pay at least 20 per cent. of the burden.

The proposed bill is so complex and difficult of understanding that few have really gone into its provisions. The medical provisions, or at least the medical fee table, so far as we know, has not yet been written into the bill, and those interested are not inclined to talk much on this feature.

We feel that the underlying principle is paternalism, originated by that class of organizers who have been interested in other charities (so-called). Paternalism and pauperism are very closely associated in our mind. In fact, there can be no excuse for one without the other. The United States is not the home of either, and we feel neither should be tolerated in a free liberty-loving republic.

The Editor always enjoys his visits to the county medical societies' meetings. That to the Morris County Society last month was one of exceptional pleasure and profit, not only because of its social features, but especially because of the thrilling and instructive address of Lieut. Col. John C. McCoy, M. D., of Paterson, who recently returned from France. His account of the arduous, incessant and remarkably successful service in the hospitals in France by himself and other surgeons and of the heroism of our American soldiers there, held the close attention of all present for an hour and three quarters. All felt proud of having such a worthy representative of the medical profession of New Jersey as Dr. McCoy in the medical and surgical work at the front.

We thank Dr. B. D. Evans, director of the Morris Plains State Hospital, for the excellent report of the meeting, and especially of Dr. McCoy's address. It will be found under the county society reports inserted elsewhere.

CORRESPONDENCE.

Medical Ethics; Ethical Economics.

G. Shearman Peterkin, surgeon, Seattle, Washington, writes us as follows:

January 29, 1919.

My Dear Doctor English:

Prior to this war various evolutionary forces, without intelligent aid or organized assistance on the part of the medical profession, gradually compelled and are still compelling the followers of medicine into:

1. Accepting the specialist; 2. demanding hospital facilities; 3. associating and segregating into more or less organized groups; 4. establishing private clinics, as the Mayo Clinic and similar institutions; 5. establishing, as just instituted by Columbia University of New York, a still more advanced form of scientific medical organization, a clinical laboratory.

The same evolutionary forces have caused the laity:

1. To form mutual benefit organizations for the sick; 2. to demand contract practice; 3. to form hospital associations; 4. to demand state aid; 5. to demand free clinics.

In every one of these vitally important politico-economic movements, and in view of the fact that millions of men will return after the war and demand for themselves and for their families the same scientific treatment they have experienced under military organization, medicine as a profession has failed to recognize the same exciting cause in each instance —an economic demand that the theoretical standard of efficiency "Medical Ethics" must be replaced by a more practical standard, "Ethical Economics." This standard demands the application of scientific methods through economic organization to every-day life, so that efficient medical and surgical treatment will come within the reach not of the few

who can receive hospital treatment in standard institutions but of every human being.

Confronted by the above politico-economic —facts, a very pertinent question presents itself to the medical profession at large: What is medical organization—medical education—doing to solve these problems, at a time when an imminent reconstruction period confronts every form of organized society, including the profession of medicine? Based on observation and experience of 20 years, the writer claims that virtually nothing practical has been systematically undertaken. Nowhere is there evidence that medical organization—medical education—has ever recognized three basic psychologic factors that govern all intelligent human acts:

1. One hundred per cent. of the representatives of medicine, physicians, are human beings, and the minds of the highest and lowest are compounded of the same elements, held subject to the same laws of action; and the knowledge that any one of them possesses comes—as it does to every other human being —through the ordinary channels of the senses.

2. In the search for knowledge in every branch of human society, including medicine, science has produced innumerable mechanical aids to increase the efficiency of the senses of man. Therefore logically, all things being equal, the mind of man gathers knowledge in proportion (a) to the number of mechanical aids employed to increase the efficiency of the senses; (b) the accuracy with which these aids are employed.

3. As a rule normal human emotions govern every human being, including the physician. Therefore, if the recompense for labor does not enable the physician to carry overhead expenses; does not give him time and funds for improvement, study, travel and necessary recreation; does not produce profit that is protection for his family and for himself in sickness and old age; he can neither give efficient scientific service nor continue to progress. If adequately recompensed he can give scientific service far more readily and is more likely to progress.

Yet in the face of these obvious evolutionary politico-economic movements and the basic psychological facts that govern intelligent human action, medical education is still demanding for every individual admitted to the study of any branch of the science and art of medicine a high standard of preparatory education, in substance a B. A. degree from a recognized educational institution. This standard, combined with the principles of education that are employed in every medical college after admission to study is such that it can be justly claimed that the educational methods pursued tend to make the graduate physician in this work-a-day world pursue the practice of medicine as a pure science, that can isolate itself, that needs no association with the applied sciences, especially economics. For instance, medical education during all these years has apparently never conceived of the practical necessity of recognizing the psychological fact No. 1 as a pre-educational factor of utmost importance.

The United States Government, on the other hand, by the present war has been unceremoniously forced into recognizing its educational value—as evidenced by the first standard of admission to the aviation service, where the highest possible human skill is required in order to successfully destroy life. In this initial examination the most accurate possible physical and mental tests are employed in order to ascertain not only the inherent character and personality of the candidate, but more especially the acuteness, stability and durability of every one of his senses.

In the profession of medicine, however, where there is a demand, if it were possible, for even greater character and personality, acuteness, stability and durability of the sense—the object of the physician being to preserve life—no recognition is given to the fact that efficiency in applying abstract knowledge depends upon the efficiency, not of one but all of the special senses. The student of medicine may be deficient in one or more of his special senses, have little tactile sensibility, a poor sense of smell or hearing, defective eyesight, little character and no personality adaptable to a physician. Yet no tests are made to ascertain or correct these fects, and the student is graduated and permitted without any organized supervision to try to preserve—where he would not on the same grounds be permitted to destroy—life. As to the educational value of the psychological fact No. 2, there can be no question that the mechanical aids to scientific medicine (which include all laboratory methods, even history filing and compilation may be added) have become so numerous, have so developed in detail that to attain efficiency requires not general but definite technical knowledge. There can be no question that medicine will become organized in the future, and when so organized it can be no exception to the general rule and must attain efficiency by having sub-division of labor —therefore organization of labor and equipment.

Medical education as conducted to-day may be ethical but it is still decidedly theoretical. Medical schools virtually only graduate officers and then only colonels. No provision is made for officers of lesser rank, for the privates in the form of technicians. For privates, we as a profession, must take the unsuccessful physician, volunteer nurse, half-trained office girls, or any kind of unskilled help available, who each physician must train for himself after his own sweet will in order to fill the ranks of scientific medicine with privates. Yet economic organization is staring the profession in the face. With this army thus organized we guarantee to defend the public from disease—then wonder why our efforts as a profession are not appreciated! Even the colonel, who may later wish and be willing to work for a higher rank—for instance to become a specialist—there is no institution provided where through concentration of skilled leaders, equipment, technical assistance and economic organization he can learn his specialty from A to Z, and be instructed and equipped with a modified plan of economic organization, whereby he can do justice to the public and his profession by maintaining and delivering the high standard of goods which he advertises to sell in competition with the inferior grades of the cults by attaching to his name an "M. D."

As a profession, in most of our medical col-

leges, we unquestionably try to manufacture a high standard of goods, which goods must be sold in the open market to the public. We advertise to the public that the sign "M. D." signifies the highest standard. Yet as a profession have we adopted any organized means whereby we can demonstrate to the buyers, the laity, the value of standard "A" as compared with the imitation "B," and in so doing increase the demand for standard "A" goods, to the benefit of both producer and consumer? I think not. The public through universal education is being taught to think, to reason, yet the medical profession to-day, like the cults, is asking the public to accept goods on faith without investigation; and we claim as a standard science based on reason, not wholly on faith.

If the profession of medicine will not undertake to solve these political-economic problems for itself, it is true that evolutionary forces will solve them for us, but with brute force and a corresponding indiscriminate destruction —unless man employs the intelligence that nature has given him to anticipate evolutionary movements, through the use of intelligence scientifically applied but governed by the higher human emotions. It is not within the limits of this letter even to outline the means to the end that experience suggests. But the old adage always proves true that where there's a will there's a way. The object of this letter is to arouse, with your assistance, sufficient sentiment to instigate a systematic, organized movement to attain the end sought—the practical application of ethical economics; so that humanity may be efficiently served by the profession of medicine, and the profession win universal respect and attain efficiency through following out not only ethically but economically the dictates of the noblest of all the sciences.

The accompanying pamphlet is intended to prove that such a movement is feasible, for if an imperfect experimental organization, based on a belief in principles, carried on by an individual, can apply these principles of ethical economics successfully, certainly with the intelligence of the profession concentrated towards that end there can be no question of the outcome of the many economic problems confronting the science of medicine.

Criticism of this pamphlet is invited, and the writer would appreciate notice or information of any criticism or suggestion—direct or indirect—that may be offered.

Respectfully submitted,

G. S. Peterkin, M. D.

THE SUPPLY OF PRACTICAL NURSES.

From the A. M. A. Jour., January 25.

What's the matter with the trained nurse? A wave of harsh and resentful criticism of the professional nurse seems to be sweeping over the country. In spite of a recognition of her splendid achievement in remaking hospital nursing, and of setting up high standards for private nursing; in spite of her magnificent and sacrificial service in the great war, she is not now viewed by large numbers of physicians and laymen as a ministering angel of mercy or as an unmixed blessing. And when rebuked for these harsh expressions of disapproval, her unfeeling critics forcefully reply: "She is getting just what she deserves." What does it mean?

Is it because through high standards of admission to her schools, and long years of training before she is graduated, she has chosen to make herself one of a small body of the elect, a superior being? Is it because with the high cost of living and the scarcity of these chosen few she has, labor-union-like, demanded higher pay which only the well-to-do can give? Is it because in the home she is autocratic and unwilling to serve except in accordance with rules that she herself lays down, often demanding that service be rendered her and causing discord in the household management at a time of crisis? Is it because in many hospitals she has gradually acquired more influence and power until through her officials she speaks with authority even to the management, and dictatorially demands that before the interests of the medical staff are considered—sometimes even before the interests of the patients—there must be considered those of the nurses? Perhaps there is a little truth in each one of these reasons. Perhaps in this resentful criticism, narrow as it may be, the nurses are reaping what they have sown.

The war and the epidemic of influenza, with the consequent scarcity of nurses, have acutely drawn attention to the trained nurse and to the fact that she does not supply the suitable agent for ministering to the large body of the ill. The very poor may get free nursing in the hospitals or, if lucky, at their homes through charity; the rich can and will pay whatever may be demanded; but the large mass of people of moderate means, too self-respecting to accept charity, not able to pay the high price of the expert nurse, must be deprived of her services or secure them at what to these people is often a ruinous sacrifice. More than this: a nurse of the highly trained type is not necessary or even desirable in the vast majority of cases of illness.

What are the requirements of a capable, skilled nurse, a physician's assistant? First a right personality; without this she is hopeless. Then intelligence, by which we mean a readiness of comprehension and understanding. Further, she should be of fair education, able to make herself understood to write, to read, to reason. Lastly, she should have had training of sufficient length, probably one year, in a good hospital. This training should teach her the proper bed care of the ill, the preparation of food, the management of the patient—not his illness—and the methods of administering drugs and other remedial agents. She should learn enough of anatomy so that she will not, with her hypodermic syringe, enter the brachial artery; she should know enough of symptomatology to sense the possible significance of blood in the stool or of abdominal pain in typhoid; she should know enough pathology so that she will not wilfully violate the physician's orders against massaging a thrombosed femoral vein; she should have enough theoretical and practical training in bacteriology so that aseptic methods are to her, through her grasp of the reasons underlying them, methods to be scrupulously followed.

It goes without saying that other things—personality, native intelligence, etc—being equal, the college or high school graduate will

grasp these facts more readily and will, to this extent, be the more competent nurse. But such superknowledge is not necessary. For 90 per cent. of cases of illness, a skilled nurse with the characteristics just enumerated and with one year's training will answer fully as well and will fit into the average household better. She will be a true physician's assistant and will be a household helper not too proud to assist in the kitchen or even to help care for the baby. If this is true, why should not this capable woman of ordinary but sufficient ability and training be allowed to practice her profession licensed by the state and earning an honorable livelihood?

There is a place for the highly trained nurse, the registered nurse of today. From their ranks will come the superintendents of the training schools of various grades, the head nurses in our hospitals, the nurses in our operating rooms, nurses for cases of special severity or complication, and the teachers of nurses. Let the training schools preserve their high ideals, though there may be question as to the necessity or wisdom of requiring even a high school degree for admission or a three years' course of training except in special cases or for postgraduate work. For her own good let the nurse be a little less autocratic, a little less dictatorial, a little more human. Non ministrari sed ministrare is as good a motto for a training school as for a woman's college. The trained nurse from having been a luxury has become a public necessity, like the telephone and railroad. Should not methods less like those of selfish private ownership give way to those wherein service to the sick public is the paramount aim?

Dr. Dickinson's Endorsement of the Above.

To the Editor: I want to congratulate The Journal on the recent editorial on "The Supply of Practical Nurses," because there is so much of truth in it.

In New Jersey the Alumni Association of Nurses has a powerful grip on the politicians. Last winter the medical profession tried to have a law enacted which would throw the responsibility on the hospital that had nurses in training. Nothing was prohibitive in this measure on the applicant. She was to be tried out in her period of probation, but the hospital which would be allowed to have a training school was to come up to a standard. The training was to be standardized. The training in the school was also to be improved by having more ward and beside work than mere brain stuffing. There was to be an inspectress who would report to a central governing body, and each year the status of the training schools was to be published. The nurses killed this effort. As a result the nursing profession is somewhat autocractic. There are not enough nurses for our work. The poor man cannot afford one. Most of the graduates become institutionalized, and the man sick in bed is neglected.

During the epidemic our hospitals had more kindly women, Red Cross "nurses," etc., than graduates. In that time the public obtained confidence and learned to love these kindly women, so that since then numerous patients are being attended by the sympathetic woman with gumption, and both the families and the attending physicians are thoroughly satisfied. Is not the time soon to come when the matter of training nurses will be radically changed?

G. K. Dickinson, M. D.,
Jersey City, N. J.

DOCTORS AND THE DEMON.

From the New York Tribune.

One of the first things The Tribune did when it undertook to present a searching discussion as to what would be the effect of the complete suppression of acohol by "bone dry" prohibition was to ask the opinion of a number of our leading physicians. It is already painfully evident that they disagree as radically among themselves as do ordinary men and women.

Thus Dr. Abraham Jacobi, Nestor of the profession in New York, says flatly that prohibition would not increase the general health and happiness, that many find an indispensable solace in fermented beverages, and that nobody believes that prohibition would increase the mental and bodily vigor of the nation except prohibitionists.

Dr. Isham G. Harris, at the head of the Brooklyn State Hospital, is of just the opposite view. He thinks that complete suppression would do most of the things that Dr. Jacobi says it would not. He is "not satisfied that any evil would follow the suppression," and believes that while it is true that "it is the abuse and not the proper use of alcoholic liquors which causes so much trouble, if we eliminate the use there will be no opportunity for the abuse."

Dr. Carlos F. MacDonald believes that "prohibition would eventually result in great benefit mentally and physically to the country," but Dr. Robert Abrahams is not so sure, and while admitting the evils from the use of liquor does not believe that prohibition would foster the national welfare. Dr. J. Byrne is of the same vein, and believes that prohibition would do more harm than good.

Dr. Eugene Lyman Fisk has scant respect for the friends of moderate use. "Unless alcohol is present in a sufficient quantity to produce a narcotic effect there is no need for it to be there at all." The only excuse that can be offered for alcoholic indulgence is that "it breaks down the brriers between men and eases life's strain; but the price of this is a heavy increase in mortality."

Dr. Frederick W. Seward brushes aside all thought of toleration and is quite sure that "we are now beginning to understand that alcohol is one of the most prevalent and potent cause of human degeneracy." And so

> "When we add to this consideration the manifold evils, social, criminal and financial, which result from the use of alcohol, we are amazed that so monstrous and destructive an agent can hold tolerance among intelligent beings."

But neither Dr. Seward's amazement nor his views on the effects of alcohol are shared by many other physicians of equally high standing. Thus Dr. A. A. Brill believes: "By far the greatest majority of chronic drinkers belong to the mentally deficient types who can make a vice of almost anything. Taking away fermented liquors will not give them new

brains." His own experience has led him to believe that the amount of crime and insanity usually ascribed to the use of alcohol is "grossly exaggerated."

More radical still is the novel view put forth by Dr. David Orr Edson. He sees in the craving for liquor not a body hunger, as of food and water, but the effect of a brain hunger—a starved mind. The human species, he holds, must incessantly satisfy the instinct to "achieve," to do things which will bring to the individual a feeling of importance or usefulness.

He may do this in day dreams or in fancy, and if these do not suffice the starved soul will fly to acohol or drugs. And Dr. Edson cites the breakdown of Russia as an example of what complete suppression might mean in the United States.

All this conflict of opinion among presumable experts is perplexing. Of all the people in the world who ought to have a pretty clear idea about the problem, it would seem to be doctors. Yet, presented with the same facts, we find them ranged on opposite sides.

It is evidently a puzzling matter. We wish our physician friends could address themselves to this phase of the problem:

In the last ten years the average American has drunk five times as much booze, measured in gallons, as did his grandfather before the Civil War. And this is in the face of the fact that nominally the United States is now two-thirds "dry."

If prohibition has been at all effective, then those who still drink must be drinking still more.

What is the clear evidence as to the comparative mental, physical and moral vigor of our own generation as compared with that of, say, sixty or eighty years ago?

Has it gone up or down?

THE VOLUNTEER MEDICAL SERVICE CORPS.

Early in February each physician in the United States exclusive of those who served in the Medical Corps of the army for the past two years and members of the Volunteer Medical Service Corps, received a communication from the Council of National Defense, requesting that he fill out and return promptly to the Washington office an accompanying questionnaire, so that there may be on file in Washington complete individual information covering the members of the profession. Simultaneously with the distribution of these questionnaires, state and county representatives of the Volunteer Medical Service Corps were instructed to urge all doctors in their communities to comply promptly with the request of the Council to fill out and forward promptly to Washington the blanks sent them; and to advise those who by any chance failed to receive blanks, to communicate with the Council of National Defense at once in order that application blanks might be furnished them.

The Volunteer Medical Service Corps was organized early in 1918 to serve the government during the emergency of war. As this emergency has ceased to exist, active membership in the corps is no longer solicited. However, the survey initiated by this organization last year has proved of such value as a source of information concerning the individual members of the medical profession that the Surgeons General of the army, navy and Public Health Service have requested the Council of National Defense to complete it so as to include every doctor in the country, in order that a permanent record of the profession may at all times be available for reference in future emergencies. Upon their completion, the records will be transferred to the Surgeon General's Library where they will be kept up-to-date by a force assigned for the purpose and be accessible to all government bureaus.

Every physician is requested to co-operate with the Council of National Defense in making this record complete, by returning at once the questionnaire received or by writing to the Medical Section of the Council of National Defense, Washington, D. C., and requesting that a blank be sent him if through an oversight he did not receive one.

AN APPEAL TO PHYSICIANS FOR CO-OPERATION IN THE FIGHT AGAINST VENEREAL DISEASES.

The war turned the spotlight on many things heretofore neglected or avoided. No disclosures were more startling than those showing the destructive inroads of venereal disease on the health and efficiency of the army and navy.

From the time the United States entered the war in April, 1917, to September, 1918, the loss to the army from venereal disease represented 2,295,000 days of service. Now the war is over! The nation is on its way to a peace basis. Interest begins to turn from the fighting efficiency of the army to the reconstructive power of industry; and as it turns, this striking fact stands out: **All venereal diseases in the army were caused by conditions in civilian life. The army and navy, as organizations, do not tolerate prostitution.**

Testimony of the Army.—Immediately following the declaration of war, the Army Medical Department organized to cope with venereal disease, and one of the first points emphasized by its Surgeon General was that each individual case must be treated under competent medical supervision until cured. He laid special emphasis on two points: 1. The ineffectiveness of self-treatment by the use of simple or patent remedies; 2. The danger of quack doctors, who advertise to treat so-called private diseases. Nineteen months of war have shown conclusively the value of proper methods of treating venereal cases in the army.

Maintain Industrial Efficiency.—For the protection of the fighting men as they return home, and to maintain maximum industrial efficiency, venereal disease among the civilian population must be kept under control. There is the same necessity for proper methods of treatment as existed in the service. **Self-treatment and quackery must go.**

Responsibility of Physicians. — Physicians have a large share in the responsibility of protecting the nation in this emergency, by giving their best scientific attention to individual venereal disease cases. Industry does not have a nation-wide medical organization similar to that of the army. The responsibility rests on the individual physician. Each member of the medical profession should understand the seriousness of statements frequently made that a

majority of physicians refuse to treat venereal diseases, and that many of those who do treat them are careless in their methods of treatment.

This is probably one reason for the continued spread and existence of venereal disease, for which the medical profession must assume responsibility. As a result of the refusal by a large part of the profession to give the problem proper study and attention, venereal diseases have become a headliner for quackery and self-treatment, neither of which is safe or effective. Venereal diseas is a scourge which menaces the industrial efficiency of the nation, and the United States Public Health Service believes that physicians should understand the seriousness of the situation and their responsibilities in meeting it.

Co-operation of Druggists.—Thousands of retail druggists are responding to the request of the government that they discontinue the sale of remedies for the self-treatment of venereal disease. They have agreed to direct customers to competent physicians or venereal clinics. Signed cards from druggists, assuring the government of their support of this movement, are coming in by hundreds on every mail. Physicians are asked to co-operate by agreeing to have their prescriptions for venereal cases filled at high-class drug stores. This will result in a co-operative interchange whereby druggists will not attempt to treat these cases and physicians will not enter into competition with druggists in selling he medicines.

Weigh These Questions. — The government asks each member of the medical profession what he is going to do in this emergency. Will each venereal case be given the care and attention which it demands as a serious menace to the health and efficiency of the community, or will quackery and ineffective self-treatment be permitted to help keep alive the sources of venereal disease infection?

The answer of the medical profession to these questions will determine largely whether venereal diseases among the civilian population are to be brought under control.

RUPERT BLUE,
Surg. Gen., United States Public Health Service.

COMPULSORY HEALTH.

Dr. Frederick Peterson, the eminent New York specialist in diseases of the mind, in an address before the National Educational Association at its Pittsburg meeting, laid great emphasis upon the fact that the civilized portion of the human race needs reconstruction. We give the following paragraphs from his address:

Authorities show us that there are physical defects in 75 per cent. of the 20,000,000 school children of today, most of them preventable, and remediable,—heart and lung diseases, disorders of hearing and vision, malnutrition, diseased adenoids and tonsils, flat-foot, weak spines, imperfect teeth—and among them 1 per cent. of mental defect. The children in country schools are worse off than in city schools. We are sending the best we have to foreign battlefields. We are retaining the 30 per cent. of imperfect citizens to leaven the race of tomorrow. There is such a thing as prepotence of inferiority. It is often said that we get what we deserve in the way of government, laws, and institutions. Since it is possible in our democracy for a moron to be elected mayor of a city and an imbecile to be made governor of a vast State, it may be easily imagined how the smaller offices in our legislatures, county boards, and city councils overflow with the inferior and the unfit.

"We have spent millions of dollars on swine plague, foot-and-mouth disease of cattle, pine blister, chestnut blight, gipsy moth, chicken cholera, and we have that annual 'pork-barrel' of millions on millions of dollars devoted to all sort of trivial and foolish exploitations of rural creeks and hamlets; but what have we spent on our greatest national asset—the health of body in our school children. Body is the foundation on which mental structure must rise. It is of the first importance that the physical foundation be made and kept sound and strong. The mental structure is secondary to that. We are spending enormous sums on medical care of our insane and other defectives in institutions all over the country, and rightly so, to do what we can to repair our broken adults. This is relief work; but what we spend on preventive measures, on health education for our growing children, is, indeed, small by comparison.....Compulsory education we have—compulsory feeding and training of the mind. Compulsory health we must have—compulsory feeding and training of the body. In the war against ignorance we have conscripted the school children. They are the vast draft army of our second line of defense. But in what sort of cantonments do we house them? What physical drill do we give them, what medical inspection and care, what sanitation, what remedial steps do we take to restore them quickly to the ranks when they are ill?

"But enough of destructive criticism. Let us turn to the idea of reconstruction of the race. Let us read the old books with a new comprehension. It is almost a hundred generations ago that a teacher (Mencius) wrote: 'The root of the empire is in the state. The root of the state is in the family. The root of the family is in the individual. So for the people—encourage them; lead them on; rectify them, straighten them; help them; give them wings!' We must set up a standard. It might be that of Dr. Oliver Wendell Holmes, 'to begin the education of the child a hundred years before it is born.' That can be attained in a few generations. To accomplish it, we must coordinate all the organizations now at work for the conservation of our citizenry—the maternity classes, the baby-saving societies, the mothers' committees, the kindergartens, the child welfare and physical training bodies, the seaside and country side and sunshine associations, all that have to do with preschool welfare, the public and private schools, the Child Labor Committee, the Mental Hygiene Association, the boards of education, and the boards of health. The presidents of boards of education should be ex-officio members of these co-ordinated boards. This is great undertaking, but we can begin by breaking into the curriculum of the public schools and establishing education in health, especially in food-knowledge and food-habits as a vital and essential part of the teaching. From the schools the health instruction will be carried home to the parents and younger children, and soon the whole movement of reconstruction will permeate the state."

As regards methods to be adopted for securing compulsory health, Dr. Peterson suggests:

"1. The teachers themselves should be given better sanitary conditions for their own health and fuller instruction in all that has to do with the laws of health.

"2. Every city and country school should be made sanitary and kept so, and the school and its grounds should be as beautiful as possible, not only for the benefit of the teachers and the pupils, but as an example to all other citizens who are beginning to use the school more and more as a community center.

"3. Every child should be regularly weighed, measured, and examined and a health record kept, which should accompany him throughout his school life. It should be the duty of the authorities to see that the defects of our young citizens are corrected and disoders of growth and nutrition remedied. As malnutrition is one of the most serious conditions, a hot luncheon should be made available for every child and every teacher. The health examination should include dental inspection and treatment.

"4. Each school should have an adequate provision for physical training, gymnasiums, athletic fields, playgrounds, gardens, and shops, together with specially qualified instructors in physical training and other vocational fields.

"5. Finally, with the foregoing foundations there should be a thorough system of instruction in all matters pertaining to health, with special emphasis on health problems rather than on disease, in physical and mental habits, in personal hygiene, in public health and sanition, in methods to avoid communicable diseases, in the responsibilities of parenthood, and in all that relates to nutrition and growth, including foods and food-values.

"This is a large program, too large for the inequalities of consciousness of our multitudinous States. It might be carried out in a few States soon and in others only after generations.

"This is a scheme for the reconstruction of the whole people. It is a federal program. It is an emergency program. It should have the immediate attention of our foremost teacher in the Presidential chair. We need a Hoover for the children—a children's health administrator.

"With all this in view and after months of careful planning, the National Child Health Organization has been formed, whose literature is now being distributed. Do the first practical thing for a beginning. The teachers can place scales and a measuring rod at once in every school, and with the height and weight and age charts that will be sent on request, the campaign can be immediately started against one of the chief evils, namely, malnutrition."

SOLDIERS' AND SAILORS' INSURANCE LAW.

What will become of the kiddies and their mother if I am killed, What will become of them and me if I am permanently disabled? As between my country and my dependent family, where does my duty lie at this stage of the present emergency? These are questions that have bothered many of the medical men and others who have responded to the call to the colors, and the absence of a satisfactory answer has prevented a considerable number from responding. The soldiers' and sailors' insurance act, passed by Congress, October 6, 1917, and the regulations promulgated, October 15, under authority of that act, concerning governmental insurance, will encourage those who have already entered the service, and will doubtless impel many to enter who have been in doubt as to the line of duty.

The act guarantees to every medical officer (or in event of his death then to his wife, children and dependent mother, if there be any), certain stated compensation, during the disability of the officer, or during the dependency of the widow, children or widowed mother, as the case may be. During such disability the disabled officer will be entitled also to medical, surgical and hospital services, with necessary supplies, at government expense. And should his disability be such as to prevent him from following his profession, provision will be made for his education and training at the cost of the government in some available means of livelihood, so far as may be practicable, with the express provision that individual success in adapting oneself to such a means of livelihood shall not result in a reduction in the amount of the money compensation or in the medical care to which the disabled officer is entitled.

The protection described in the preceding paragraph belongs to every medical officer and to the dependents named, as a matter of right; but if he desires to be further fortified against disaster, he may accomplish that result through the system of governmental insurance that the act establishes. Nominally such insurance is at the expense of the insured; but as the rates of insurance are computed merely on a peace basis, the government assuming all of the added risk arising out of the war, and as the government assumes all of the expenses incident to administration of the insurance system, the insured will obtain protection at a low rate. As all policies are convertible at the close of the war, without medical examination, into insurance policies of ordinary standard types, premiums paid for protection during the war will not be lost. Ordinarily application for insurance must be made within 120 days after entering the service; but men in the service, April 6, 1917, are by the terms of the act automatically insured up to and including February 12, 1918, by which date they must have applied for such insurance as they desire, in the usual manner. Application can be made, however, before the latter date, in which event the insured will have the benefit of such insurance as he may select in lieu of the standard ad interim insurance named in the act.

The existence of such compensation as the law provides in all cases of death and disability, and the possibility of greatly adding by voluntary insurance to the protection thus afforded, should materially increase the number of physicians offering themselves for military duty, and should inspire all with a keener appreciation of the fact that the government has, after all, a sympathetic understanding of the needs of its fighting forces, and may be depended on to supply such needs.—A. M. A. Jour. Nov. 17.

REMEMBER THE VICTORY LOAN.

REMEMBER OUR ANNUAL MEETING.

Special War Items.

Honorable Discharges from the Medical Corps, U. S. Army.

Members of Medical Society of New Jersey.

Bortone, Frank, West Orange.
Bowles, H. H., Summit.
Canning, C. H. Atlantic City.
Cogan, Henry, Paterson.
Coghlan, Jasper W., Newark.
Costello, William F., Dover.
Davies, George W., Verona.
Davis, W. Price, Atlantic City.
Epstein, Henry B., Newark.
Gallaway, George E., Rahway.
Golann, D. L., Newark.
Granelli, Michael S., Hoboken.
Gruessner, Anthony, New Brunswick.
Hickman, Walter A., Princeton.
Hirschberg, S., Newark.
Keating, Walter F., Ridgewood.
Longbothum, George T., Dunellen.
Luffburrow, C. B., Plainfield.
McCoy, John C., Paterson.
Maclay, Joseph A., Paterson.
Moore, Edward, Asbury.
Nelson, Aaron, Jersey City.
Newell, William A., Trenton.
Olpp, Arch. E., West Hoboken.
Platt, Thomas H., Dunellen.
Pollard, Joseph S., Chatham.
Reeves, John F., Elmer.
Smith, Theron, Sea Isle City.
Stahl, Alfred, Newark.
Stern, Samuel, Atlantic City.
Titus, Charles W., Newark.
Urevitz, Abraham, West Hoboken.
Williams, Gurney, Atlantic City.
Willis, John, Jersey City.

Relieved from Active Duty, Medical Officers, U. S. Navy.

Andreae, Paul O. M., Jersey City.
Charlton, C. Coulter, Atlantic City.
McLaughlin, George E., Jersey City.
Watts, Wilbur, Trenton.

Orders to Officers of the Medical Corps, U. S. Army.

Major George C. Albee, South Orange, to Fort McHenry, Md.

Capt. Thomas Alsop, Atlantic City, to Biltmore, N. C.

Lieut. John J. Burne, Newark, to Lakewood, N. J.

Lieut. F. N. Bunnell, Barnegat, to Washington, D. C., Surgeon General's office.

Capt. Harvey M. Ewing, Montclair, to Colonia, N. J.

Lieut. J. R. Commorato, Jersey City, to Fort Ontario, N. Y.

Lieut. George W. Finke, Hackensack, to Rockefeller Institute, thence to Colonia, N. J.

Capt. Edward Guion, Atlantic City, to Aberdeen, Md.

Lieut. Abraham E. Jaffin, Jersey City, to Otisville, N. Y.

Lieut. Harry J. Perlberg, Jersey City, to Camp Grant, Ill., base hospital.

Major John J. Broderick, Jersey City, to Azalea, N. C.

Capt. Frederick A. Finn, Jersey City, to Hoboken, N. J.

Lieut. Harry A. Sheppach, Newark, to Hoboken, N. J.*

Lieut. James P. Schureman, New Brunswick, to Newport News, Va.

Lieut. H. Roy Van Ness, Newark, to Rochester, Minn., Mayo Clinic.

*He has since then died.

HONOR ROLL CORRECTIONS.

Dr. Robert E. Soule, Newark, was commissioned Nov. 5, 1917. He is now major in M. C.; is now chief of the Surgical Service of U. S. General Hospital No. 41, Fox Hills, Staten Island—a 3,000-bed hospital.

Dr. Thomas Dedrick, Washington, was accepted as captain in M. C., but commission was withheld on account of the armistice. He was in temporary service at Camp Dix during the epidemic.

Jersey Physician Honored in France.—Dr. Russell W. Johnson, captain, Medical Corps, U. S. Army, Jersey City, has been cited for the Legion of Honor and the Croix-de-Guerre by the French Government for distinguished service at Hospital No. 104, Beauvais, France. Dr. Johnson is thirty-six years of age, and gave up private practice in Jersey City to serve in surgical dispensary work for the Red Cross. His hospital centre at Beauvais consisted of eight hospitals which, with annexes, accommodated 4,500 patients. The hospital was reorganized during last March to replace the one at Amiens. In addition to the honors received individually by Dr. Johnson, the entire personnel of the Beauvais hospital, to which he belonged, was cited for the Order of the Sanitary Corps.

Commenting on the services of the staff, the French citation says:

"Inside of the bombardment their hospitals had to suffer, since March 25, the Center received 50,000 sick and wounded, most of whom had not been operated on. A large number of doctors, chemists, officials, ambulancers and nurses fell ill or paid with their life to accomplish this."

General Pershing Thanks the Medical Corps.

Following is the copy of a letter dated Feb. 20, 1919, from the commander-in-chief of the American Expeditionary Forces to Col. Walter D. McCaw, M. C., chief surgeon, A. E. F.:

My dear Colonel McCaw:

Now that active operations are at an end, and many officers and enlisted personnel are preparing to sever their connection with the military forces and return to civil life, I desire to express my personal appreciation and thanks and that of your fellow members of the American Expeditionary Forces to you, and through you to the members of your department, for the splendid services they have rendered.

At the front and in the long chain of hospitals extending down to the base ports, I have watched the fine and unselfish character of their work, and the achievements which have added new glory to the noble professions they have so ably represented. Many of them have shared with the line troops the hardships of campaign conditions and have sustained casualties and privations with fortitude that is

beyond praise. No labor has been too exhausting and no danger too great to prevent their full discharge of duty.

A special word of thanks is due to those members who were attached to and served continuously with the armies of our Allies. Their efficiency and high ideals have called for the highest praise of the Allied Governments under whom they have served. Before they leave France, will you convey to all ranks under your command the deep sense of my personal appreciation of their splendid services and my regret at the impracticability of sending each and every one of them a letter of thanks?

Sincerely yours,

John J. Pershing.

Dr. Farrand Appointed Head of Red Cross.

Dr. Livingston Farrand, president of the University of Colorado, has been appointed by President Wilson as chairman of the Central Committee of the American Red Cross, to succeed William H. Taft. As chairman of the Central Committee, Dr. Farrand will become the executive head of the National Red Cross organization on the retirement of the War Council, which will take place March 1st.

In changing the Red Cross from a war to a peace basis far greater tasks will be involved than those undertaken during the ante-war period, tasks that will require the full time of those interested with the executive duties.

Since the entrance of the United States into the war, Dr. Farrand has been the director of the tuberculosis work of the International Health Board in France, and has been in close contact with Red Cross activities. His broad knowledge of European conditions, his high executive qualifications and the vital force of his very unusual personality will all be vital factors in increasing the usefulness and broadening the scope of Red Cross work.

Dr. Farrand's work in this and foreign countries has shown administrative ability of the highest order and in dealing with complicated political, social and professional situations overseas he has displayed in a marked manner exceptional qualities of diplomacy, tact and co-operation. That the program of the American Red Cross under peace conditions will be virile, statesmanlike and broad is unquestioned.

Evacuation Hospital Commended.

For its admirable work in handling battle casualties at Chateau Montanglaust, June 15 to August 11, Evacuation Hospital No. 7, American Expeditionary Force, commanded by Lieut. Col. W. H. Tefft, M. C., U. S. A., has been highly commended by direction of General Pershing. The letter of commendation which is dated September 4 and signed by Brig. Gen. Le Roy Eltinge as deputy chief of staff, reads:

"1. I have noted the remarkable record established by Evacuation Hospital No. 7 while serving at Chateau Montanglaust from June 15 to August 11, during which period the largest number of patients, battle casualties, that has yet received attention from a like unit in the same length of time, was cared for and evacuated by hospital train or motor transport.

"2. The hard work and tireless energy of the officers, enlisted men and nurses who, during times of greatest stress, worked continuously, often without sleep and without food, have resulted in saving many lives and deserves the highest praise. Such loyalty and efficient service by medical units directly contribute to winning the victory, not only by saving the lives of men who later return to the fighting line, but also by inspiring in the troops a confidence in your service which enables them to brave the greatest dangers with that high spirit and courage which are irresistible.

"3. I desire my appreciation of the services of your unit to be conveyed to each member thereof who assisted in making this enviable record, and shall be glad if you can do so in writing to each individual concerned."

Tuberculous Men Discharged from Army.

Dr. W. G. Stimpson, of the U. S. Public Health Service, stated to the Senate Buildings Committee, last month, that 24,000 soldiers have been discharged from the army as tubercular since the beginning of the war. He further stated that the history of tuberculosis patients indicated that they would be in the hospitals one-third of the time. Tentative plans of the Public Health Service for adding 2,000 beds to existing hospitals were described.

Death Rate in Camps Increases.—A report by the Surgeon-General of the army for the six months period ending December 27, 1918, shows that the death rate for the six months rose to 32.15 per thousand per annum from all causes. The rate from influenza and pneumonia was 30.07 per thousand. During demobilization the report states that relatively high mortality and morbidity rates may be expected as only well men are discharged, the sick being retained indefinitely for treatment.

Therapeutic Notes.

Acute Bronchitis.

Antim. et Potassii Tart. gr. ij.
Liq. Ammonii Acetatis, ℥iv.
Spt. Aetheris Nitrosi, ℥j.
Tinct. Aconiti, ʒss.
Syr. Simplicis, q. s., ad., ℥vj.
M. Sig.—A teaspoonful every two or three hours in first stage.

Codein. Sulph., gr. v.
Syr. Ipecac, ʒij.
Syr. Acid. Citric, ℥ij.
Aqua dest, q. s. ad., ℥iv.
M. Sig.—A teaspoonful every third hour.

Liq. Ammon. Acetatis, ʒiv.
Spt. Aetheris Nitrosi,
Syr. Ipecac, aa, ʒjss.
Syr. Senegae, ʒj.
Syr. Limonis, ℥j.
M. Sig.—A teaspoonful every three hours for children.

Arterio-Sclerosis.

Gouget, in his monograph on this subject, points out that the various causes commonly ascribed to arterio-scleros's (and their name is legion) including temperament, sex, heredity, menopause, age, cold, bad hygiene, over-feeding, toxemias, etc., may all be summarized un-

der two main categories, namely, over-exertion and infection, and the treatment therefore resolves itself into a very simple question of hygiene, with remedies of well understood action as an adjuvant.

Briefly, the victim of arterio-sclerosis must avoid excessive functionation of all kinds, especially that which tends to raise arterial pressure, and his metabolism must be reduced to a minimum consistent with reasonable strength. Alcohol, Gouget thinks, is absolutely contraindicated, as increasing metabolism without any compensating gain in resistance.

In the matter of medication he points out that the logical therapeutic agents are those which lessen arterial pressure and otherwise retard metabolism, of which the most efficacious is potassium iodide, which he orders in small doses, of 3 to 5 grains, to be taken in the midst of a meal. He holds large doses to be useless and even harmful, all of which agrees with our own estimate of potassium iodide published elsewhere. If iodide of potassium is for any reason badly tolerated, he recommends the albuminoid iodine compounds, such as iodalbine, iodalose, etc.

Gouget speaks approvingly of Lauder Brunton's prescription as follows:

Sodii Bicarb. gr. xxv.
Potass. Nitrite gr. xx.
Sodium Nitrite gr. v.

To make one powder. Dissolve in half pint of water and take first thing in the morning.

High frequency currents, so frequently extolled of late, he sees no rational indications for, and thinks their efficacy exaggerated.—Critic and Guide.

Bronchial Cough Mixtures.

Spiritus Aetheris Nitrosi, ʒij.
Vini Ipecac, ℥ss.
Tinct. Opii Deodrat, ʒj.
Syrup Tolutani, q. s., ad, ℥ij.
M. Sig.—A teaspoonful every four hours.

Ammonii chloridi.
Ammonii carbonatis.
Ammonii bromidi, aa, ʒi.
Fluidextracti glycyrrhizae, ʒiv.
Aqua destillatae, p. s., ad., ℥vj.
M. Sig.—Dessertspoonful every four hours.

Mist. glycyrrh. Co., ℥ij.
Syr. Pruni Virginianae.
Syr. Tolutani, aa, ℥j.
M. Sig.—Half teaspoonful three or four times daily for infants, teaspoonful doses at one to two years, larger doses for older children.

Acidi Hydrocyanici Dilute, mxlviij.
Syrupi Pruni Virginianae, ℥iij.
M. Sig.—A teaspoonful every three hours for irritable cough.

Bilousness.

There is no condition which nags at the therapeutic resources of the practitioner more provokingly than the average case of bilious headache and general biliousness. True, a great many cases of bilious headache which the patient calls biliousness (and the doctor used to) are nowadays attributable to other causes; and doubtless in his modern zeal to avoid being fooled by the "biliousness" fallacy the latterday medical man frequently falls into the other extreme and allows his patient to suffer from a real absorption of bile, which he could easily relieve, while he searches for more profound troubles.

But granted the condition of bilious toxemia, whether primary or secondary, calling urgently for relief, the practitioner is often disappointed in his trusted "liver stimulants," because he fails to grasp the simple necessities of the case.

A mere liver stimulant is of no use, because it simply stimulates the secretion of a more abundant and diluted bile, which is absorbed quite as readily, if not more so, than the original article. The duodenum must be stimulated to discharge the diluted bile; and even this is not enough, for the bile will frequently linger in the lower bowel and give trouble.

Podophyllin, mercury, and iridin are all excellent hepatic stimulants, but they must be combined with, or accompanied by a duodenal stimulant and an evacuant, in order to relieve the excess of stagnant bile, and it is this lack of judicious combination that is responsible for such frequent failure and disappointment in handling this condition. Of all hepatic stimulants, perhaps the most powerful is sodium salicylate, and an ideal prescription for the above purpose is:

Sodii Salicyl. gr. x.
Ipecac gr. ¼.
Sig. t. i. d.

Follow the next morning with a good dose of sodium sulph. in hot water. After the excess stagnant bile has been removed by this treatment a healthy secretion of new bile may be promoted by the following, which is a very elegant combination, both from a pharmaceutical and therapeutic standpoint:

Ac. Nitro-Hydrochlor, ʒi.
Sp. Chloroformi, ʒi.
Tinct. Aurantii, ʒii.
Tinct. Nuc. Vom., m. xx.
Aquae q. s., ℥x.
Sig. One ounce t. i. d.

This remedy not only acts as an hepatic, but as a general pick-me-up, and makes the patient feel bright and vigorous.—Critic and Guide.

Bronchorrhea.

Copaibae.
Bals. Tolutan.,
Pulv. Acaciae, aa, ℥ss.
Ac. Sulph. Aromat, ʒss.
Aquae Destillat, ℥vj.
M. Sig.—A dessertspoonful four times daily.

Camphor in Acute Influenza. — Dr. F. L. Giuseppi, in the British Med. Jour., reports that he treated 250 patients with influenza during the recent epidemic with camphor and had but one death, although ten per cent. of the patients had broncho-pneumonia. In a series of 200 patients in the same outbreak, but not treated with camphor, eight per cent. had bronchopneumonia, but there were four deaths. The treatment consisted in the administration of 0.25 gram of camphor. In mild cases the pills were given three times a day and in the very acute cases every three hours. The administration was continued until the temperature dropped and the bronchitis or broncho-

pneumonia cleared up. The effect of camphor in bringing down the fever and clearing up the lungs was greater than that of any other drug which has yet been tried.

Therapeutic Value of Tincture of Iodine.—Dr. John Ritter (Ill. M. J.) is at variance with the National Dispensatory where iodine is described as a gastro-intestinal irritant of intense severity. Dr. Ritter declares iodine to be non-toxic, non-irritant and non-caustic. Having given iodine in the form of the U. S. P. Tincture over a period of more than two years, the writer contends that it is the logical and appropriate remedy for tuberculosis in all its various forms and that it may be administered with most favorable results in all diseases due to the action of bacteria, in acute and chronic pleurisy, in unresolved pneumonia as well as in the acute stage, in erysipelatous inflammation, in multiple abscesses, etc. Dr. Ritter recommends the administration of Tincture of Iodine U. S. P., which is a 7 per cent. solution in progressively increased doses mixed with fresh cow's milk. He begins with a single drop in half a glass of milk with the first meal, two drops at the second, three at the third and so on until a dosage of 20 or 30 drops has been reached. This amount, given three times a day for some time and then increased to 60 or 100 drops, may be maintained almost indefinitely. The writer has never observed a single instance of intolerance or iodism, nor untoward effects of any kind. In a case of tuberculous peritonitis the internal use of iodine was continued for almost a year after the operation, the patient gaining 30 pounds in weight. The writer saw a case of profound right sided pulmonary involvement 124 days after the onset of the disease. The patient, a boy of 4½ years of age, was placed on tincture of iodine in 20 drop doses three times a day, and a perciptible improvement was soon noticeable. This child received from November 18, 1915, to March 26, 1916, approximately a teaspoonful of U. S. P. Tincture of Iodine daily. Repeated examinations during this period revealed a gradual and steady improvement in the lung condition so that all further medication could be suspended. —Critic and Guide.

Sodium Hypophosphite in Respiratory Diseases.—Dr. A. Iarchol, in La. Semana Medica, praises sodium hyposulphite in chronic or fetid bronchitis, bronchiectasis, as well as in measles, influenza and other catarrhal affections of the respiratory system. The dose is from two and a half to three grams daily for an adult, and one gram daily for a child of five years. Hot water, slightly sweetened, masks well the disagreeable taste of the drug. To prevent hygroscopic action sodium benzoate or calcined magnesia may be added to the powdered drug. For sedative action one centigram of dionin may be added to each dose. It is incompatible with acids and acid salts, salts of lead, silver mercury and iodine.

Insomnia.—Sleeplessness is due to many causes. The most fertile cause is irritation of the brain by messages from the abdomen. I would venture so far as to say that flatulent dyspepsia is the cause of nine out of ten cases of insomnia.—G. King Martyn, M. D., Medical Press and Circular.

Hospitals; Sanatoriums.

State Hospital, Morris Plains.

There were remaining in the hospital, January 31, 1919, 2,695 patients; admitted during February, 46; discharged, 56; remaining, 2,685, February 28, 1919.

Hospitals in South America.

Hospitals are to be built in the five republics of South America, which, by interdenominational agreement, have been placed under its supervision, by the Methodist Episcopal church as a part of its Missionary Centenary program the purpose of which is to raise $120,000,000 (in connection with the southern branch of the denomination) for world upbuilding and the extension of missionary work. There is at present not one hospital in the entire South American continent under the direction of any American Mission Board. There is one union dispensary in Rio de Janeiro—that is all. The Methodist Foreign Mission Board has engaged Miss Charlotte A. Aikens, editor of the Trained Nurse and Hospital Review, (New York, to tour Argentina, Uruguay, Chile, Bolivia and Peru to study the needs of the field and the conditions which prevail there. After her report has been receievd the number and location of hospitals and health stations to be built in the five republics as part of the centenary program will be announced. Miss Aikens, after a post-graduate course in nursing at Polyclinic Hospital, New York, was in succession, superintendent of the Sibley (Methodist Episcopal) Hospital in Washington, D. C.; of the Iowa Methodist Hospital in Des Moines, and of the Columbia Hospital in Pittsburgh. She is known as a writer of text-books on hospitals and nurses' training. She has been given a leave of absence by the Trained Nurse and Hospital Review to make the South American trip.

Essex Mountain Sanatorium, Verona.

That $410,000 will be required for the new Essex Mountain Sanatorium at Verona if a hospital building is erected in addition to the four pavilions planned, was stated to the finance committee of the Board of Freeholders recently by Jordan Green, architect. This is $60,000 more than the highest estimate when the same plans were under discussion a year ago. To build the pavilions of permanent materials, as now planned, and with them a dining room and power plant, will cost $141 000 more than the $119,000 provided, Mr. Green said. This will mean $260,000. The hospital building, he estimated, would cost another $150,000.

The Board of Freeholders of Essex County at a recent meeting adopted a resolution authorizing a bond issue of $450,000 for the new Essex Mountain Sanatorium, at Verona. Authority was given for the preparation of plans and specifications for the work.

Bonnie Burn Sanatorium.

Dr. John E. Runnells, superintendent, reports that on February 1st there were 171 patients present in the sanatorium, 99 males and 72 females. During the month 41 patients were admitted, 24 males and 17 females. Among these were eight re-admissions. The cases were as follows: Pretubercular (preventorium),

8; moderately advanced, 14; far advanced, 19. The largest number of patients at any time during the month was 199—smallest number 171. In sanatorium February 28, 1919, were 195 patients.

Tuberculosis Results of Sanatorium Treatment.

Drs. J. A. Rutledge and J. B. Crouch, in the American Review of Tuberculosis, analyze all the cases that have undergone treatment at the modern Woodmen of America Sanatorium and have been discharged for more than four years. These make up a total of 1654 patients. Results are tabulated by years, that is, of cases discharged over eight years, between seven and eight years, between six and seven years and eight years, between six and seven years, and so on.

The authors' more important conclusions are: The presence or absence of tubercle bacilli in the sputum is a great prognostic importance. Cases without bacilli, even though lung findings are much more extensive than in those with bacilli, give a much better prognosis.

Many cases in sanatoria, classified as having incipient tuberculosis, yet without bacilli, really do not have tuberculosis.

The number of cases being sent to their sanatorium, which, after a time, are found not to have tuberculosis, is increasing.

Most of their patients are far advanced with positive sputum and by far the greater proportion of deaths occur in this class.

Moderately advanced cases with bacilli in the sputum have an equal chance of living after being discharged from the sanatorium for five years.

Over one-half the deaths among those who have never had bacilli in the sputum are due to non-tuberculous causes.

Engagement Announcement.

Dr. Aldo Bliss Coultas to Miss Annabelle Miller, both of Madison, N. J.

Deaths.

ANDREW.—In Jersey City, N. J., February 25, 1919, Dr. Bromwell A. Andrew, aged 71 years.

BROWN.—At Camp Leach, Washington, D. C., November 3, 1918, suddenly from asphyxia, Dr. Harold William Brown, of Jersey City, N. J., aged 32 years.

Dr. Brown graduated from Cornell University Medical College in 1918. He was a member of the Hudson County Medical Society, The Medical Society of New Jersey and the American Medical Association.

HOLCOMBE.—In Trenton, N. J., March 5, 1919, Dr. Charles H. Holcombe, Lieut. M. C., U. S. Army, aged 51 years.

Dr. Holcombe graduated from the Jefferson Medical College, Philadelphia, in 1901. He was a member of the Mercer County and the State Medical societies and a Fellow of the American Medical Association.

PEFFER.—In Summit, N. J., March 7, 1919, Dr. Henry Peffer, a retired physician, aged 71 years.

SCHEPPACH.—In New Haven, Conn., January 29, 1919, from typhoid fever, Dr. Harry Augustus Scheppach, Lieut. M. C., U. S. Army, aged 43 years.

Dr. Scheppach graduated from the Bellevue Hospital Medical College in 1898. He was a member of the Essex County and the State Medical societies and of the American Medical Association.

Personal Notes.

Dr. Frederick S. Bootay, Belleville, has been elected president of the local health board.

Dr. W. Leslie Cornwell, Bridgeton, who has been in service overseas is expected to reach home very soon, having received his discharge from M. C. service.

Dr. Henry W. Kice, Wharton, spoke at the meeting of the Dover General Hospital Auxiliary Board last month.

Dr. Frank W. Lockwood, East Orange, and wife recently returned from a stay at Miami, Florida.

Dr. James M. Maghee, West Orange, addressed the Hazel Avenue Home and School Association last month.

Dr. Daniel T. Millspaugh, Paterson, and wife spent several days at Hackettstown last month, the doctor is convalesing from a severe illness.

Dr. Samuel A. Muta, West Orange, and family returned recently from a visit to Bridgeton.

Dr. Clifford R. Neare, East Orange, Captain M. C. at base hospital in Augusta, Ga., recently returned home.

Dr. E. Blair Sutphen, Morristown, and wife spent two weeks in Atlantic City last month, the doctor is convalescing from typhoid fever, contracted while in the Medical Corp Army.

Dr. Michael Vinciguerra, Elizabeth, has been appointed examining physician of the clinic of the Union County Anti-Tuberculosis League held in Summit.

Drs. Herman Busch and Hugh J. Devlin, Newark, have been drawn as Grand Jurors of Essex County for the April term.

Drs. Walter E. Cladek and John M. Randolph, Rahway, have been elected physicians of Court Rahway No. 55, Foresters of America.

Dr. Cadwell B. Keeney, Summit, first lieutenant M. C., stationed at Fort Oglethorpe, Ga., has returned to practice.

Dr. E. Blair Sutphen, Morristown, who has been recuperating from severe illness contracted in M. C. service, returned from Atlantic City recently, but will not resume professional service immediately.

Dr. Thomas H. Tomlinson, Plainfield, has completed sixty years of practice and will be the guest at a banquet to be given in his honor by the medical men of Plainfield and vicinity. Of 100 men graduating with him at the University of Pennsylvania in 1859, he is the only one still practicing medicine. He recently celebrated his golden wedding anniversary.

Dr. Fred. W. Owen, Morristown, and daughter, spent two weeks in Atlantic City last month.

Dr. Richard J. Brown, Newark, has returned from Atlantic City, where he has been recovering from a severe illness, and has resumed practice.

Public Health Items.

Public Health Service Starts Campaign.—Surgeon-General Rupert Blue announced that a nation-wide drive has been started for an increased number of public health nurses to assist in the prosecution of an after-the-war health campaign, which was begun on February 23, Public Health Sunday. For the first time in its history the Public Service, during the war, organized a division of public health nursing. The work which these nurses performed was of inestimable value in keeping down sickness in the extra cantonment zones during the war and in lowering the rate of venereal diseases in the army. The intention is now to continue the general plan of the work conducted by the Public Health Service and also the special fight against venereal diseases. Surgeon-General Blue, in his announcement of the plans for a nation-wide health campaign, appeals to the women of the cuontry to support the public health nurse, to encourage young women to take up the profession of public health nurse, and to insist that hospitals provide training for nurses in public health service.

Better Service Needed. — Dr. Victor C. Vaughan, Col. M. C. U. S. A., says: The government should improve the efficiency and extend the functions of its health service. The registered area should be extended so as to embrace the whole country. Morbidity statistics should be collected on uniform cards. The hygienic laboratory of the Public Health Service should be developed and opportunity should be given for the multiplication of research investigations. Both preventive and curative medicine should be placed at the service of all citizens socialized. Every community should have a health commissioner and such personnel as may be necessary, with hospital and laboratory adjuncts.

Cost of Preventable Sickness.—A recent survey of five townships in Duchess County, made by the State Charities Aid Association, disclosed the fact that preventable sickness was costing the county at a conservative estimate $412,000 a year in actual money, to say nothing of continued invalidism, bereavement and loss of productive power to the community which could not be estimated. A close study was made of 1,600 cases of serious illness and it was estimated that the county was losing 9,000 working days by men and women, and 13,700 school days, and that these two items alone were costing the community $25,000 a year.—Report of Duchess County, N. Y.) Health Association.

Cost of Preventable Illness.—The cost of sickness in the State of Illinois for the year ended July 1, 1918, reached the total of $154,881,685, according to a statement issued, January 16, by Dr. C. St. Clair Drake, director of the state department of public health. In the order of their annual cost to the state through sickness and death the several diseases embraced in the study rank as follows: Tuberculosis, $114,905,500; pneumonia, $30,909,360; typhoid fever, $3,006,900; malaria, $2,660,860; diphtheria, $1,156,625; whooping cough, $735,220; smallpox, $675,600; infantile paralysis, $461,600; measles, $456,020; epidemic spinal meningitis, $425,700; scarlet fever, $388,300.

Rockefeller Foundation Plans Fight on Disease.

The Rockefeller Foundation plans to spend approximately $6,750,000 during the coming year, this being the estimated income of the fund. According to the budget, $2,367,130 will be for public health and $3,726,504 for medical education. The other items of the budget include $103,000 for miscellaneous payments and $146,662 for administration. The public health activities will consist chiefly of efforts against yellow fever, tuberculosis in France, malaria and hookworm. Demonstrations showing how to control malaria will be carried on in two of the Southern States, and a campaign against hookworm will be waged not only in twelve States of America, but in twenty-one foreign states and countries as well.

Deaths from Venereal Diseases.

Venereal diseases are communicable and highly dangerous, and as communicable diseases they must be guarded against, according to State and national health authorities. The silence regarding these diseases has been due to their connection in many cases with immorality. The other phase of the subject, namely, the spread of the disease to the innocent as well as the immoral, will come into prominence with the nation-wide effort to curb the evil which threatens society.

The necessity of prompt and drastic action in making known the danger from venereal disease is evident when the increased possibility of infection, due to war conditions in this country and abroad, is considered. Every war up to date has been followed by a large increase in these diseases. The estimated number of deaths in 1916 due to venereal disease in the United States was 250,000. Osler puts syphilis next to tuberculosis, pneumonia and cancer as a death-dealing agent. In New York in 1914, of 25,653 cases of disease reported 28 per cent. were syphilis, 21 per cent. tuberculosis and 13 per cent. diphtheria. Such figures indicate only a small part of the damage done society by the disease. The injury to the future children of the race and to innocent people now free from infection cannot be estimated. The time to talk and talk frankly has come.—Maine Health News Bulletin.

A report from the War Department recently issued showed that from April, 1917, to Sept., 1918, the loss to the army from venereal diseases represented 2,295,000 days of service.

Necessity for Attention to Mental Hygiene.—The United States Census Bureau shows that in 1910 there were 187,791 persons in hospitals for the insane and 20,731 persons in institutions for the feeble-minded, and that the aggregate cost to the country of the insane alone is more than $160,000,000. On the basis of the lowest estimate there are two insane and four feeble-minded persons in every 1,000 of the general population of the United States. Field investigations by officers of the United States Public Health Service indicate that in school children the ratio of feeble-minded will average eight per thousand. Medical examinations

of registrants in the first selective draft showed that out of each 1,000 men examined 24 were rejected on account of nervous or mental disorders, and still others developed such disorders under stress of military training and warfare. Many of the dependent and criminal population suffer from some type of mental disorder, either acquired or hereditary. Of 84,198 persons confined in almshouses in 1910, at least 42,000 had some form of mental alienation; of the 136,472 persons in prisons, jails, work houses and institutions for juvenile delinquents, at least 30,000 were mentally diseased. On the foregoing showing it is said in Public Health Reports,, Jan. 17, 1917, it is high time for physicians and health officers to take an active interest in mental disease as a public health problem.

Mental Diseases in New York During War Period.—H. M. Pollock, statistician of the New York State Hospital Commission, in an article on the subject named in the State Hospital Quarterly, February, 1919, published by the hospital commission, offers the following figures and conclusions: Comparing the admissions on account of mental diseases for the period 1911-1914 with the period 1915-1918, there was an increase in senile cases of 5.5 per cent., in general paralysis of 14.2 per cent., a decrease in alcoholic cases of 22.3 per cent., an increase of 17.5 in the manic-depressive and allied groups, an increase of 37.9 in involution melancholia cases, an increase of 42.9 per cent. in dementia praecox and allied forms, and a decrease of 12.5 per cent. in the psycho-neuroses. It can reasonably be inferred that the war, like all great emotional disturbances, has been a precipitating factor in the causation of some forms of mental disease among the civilian population. Patients under treatment in the institutions for the insane in the state increased more rapidly during the war. The increase was due in part to the accumulation in the hospitals of deportable aliens. The ratio of first admissions to the general population of the state increased during the war period. The rate of alcoholic insanity decreased during the war, especially in the years 1915 and 1918.

Drink Abstinence Believed to Lessen Insanity.—A report from the Health Office of Vienna reveals a considerable decline in mental disease which it attributed to the lessening consumption of alcoholic beverages, which are extremely high in price. The inebriates' ward in the Vienna Lunatic Asylum is closed for lack of patients.

Increase in Deaths from Illuminating Gas.—The records of the New York City Health Department show that for the first eight weeks of 1918 there have been 232 deaths from illuminating gas, as against 145 during the corresponding period of 1916, an increase of eighty-seven deaths.

Influenza, Measles and Smallpox in Labrador.

Fifty per cent. of the inhabitants of Northern Labrador perished during the winter from an epidemic of influenza, smallpox and measles, according to dispatches to the Montreal Star sent by mail to Battle Harbor and by wireless to St. Johns, N. F. Earlier reports had shown that an epidemic in the southern section of the coast had cost the lives of twenty-five per cent. of the natives, but first reports from the northern section are contained in these later dispatches. They tell of forty Newfoundlanders wintering on the coast for trade having perished at Nain with forty-odd Eskimos, representing nearly the whole population of that settlement. Okak, with a population of 200, is entirely wiped out.

Failure of Vaccine as a Prophylactic Against Influenza.—Drs. G. W. McCoy, V. B. Murray, and A. L. Teeter, in Journal A. M. A., record the results of a series of strictly parallel observations made to determine the value as a prophylactic of a vaccine, each mil of which contained:

Influenza bacilli	500,000,000
Pneumococci, Type I	500,000,000
Pneumococci, Type II	500,000,000
Pneumococci, Type III	500,000,000
Pneumococci, Type IV	1,500,000,000
Streptococcus hemolytic	1,000,000,000
Staphylococcus aureus	500,000,000

Two or more strains of each organism were employed in the preparation of the vaccine and the doses were one-half, one, and one and one-half mils, respectively, at intervals of two days. Every alternate patient in a State insane asylum was given the vaccine, the ohers being untreated. Each group contained, 390 persons. Inoculation was completed eleven days before the first case of influenza appeared in the institution. Of the vaccinated persons, 119 developed influenza with twenty-three cases of pneumonia and ten deaths, as contrasted with 103 cases of influenza with seventeen cases of pneumonia and seven deaths among the unvaccinated.

Will We Take the Lesson to Heart?

The war has shown us not only that we were unprepared to defend our country through lack of guns, ships and munitions, but that we were terribly short in manly robustness. Says Dr. Dudley Sargent, who for a long generation has been a trainer of men and an apostle of physical fitness:

"If the object of education is to prepare us for life, and I think I may say in all seriousness for the 'battle of life,' what an awful commentary upon our methods of preparation and our habits of working and living is this large percentage of physically incapacitated men.

"Over fifty per cent. of our young men have been rejected as unfit for military service, while the country is spending millions and millions at the training camps in trying to get those who have been accepted in fit condition to perform the duties of a soldier.

"I have no hesitation in saying that three-fourths of all that is now being done to fit our young men for service at the cantonments could have been done and should have been done at school during the growing and developing period as a matter of daily routine in preparation for life.

"Moreover, if a man is stricken with disease or wounded in battle, it is not cake, candy or cigarettes, or even skilled medical attendance or tender nursing, that is going to pull him through. Luxuries and kindly aids are indeed comforting and greatly assist Nature, but

the most potent factors that are going to bring back his health and strength and enable him to keep up the fight are the good, rich blood in his veins and the vitality of tissue that have been acquired by correct habits of living and vigorous physical training."—Good Health.

Medico-Legal Items.

Evidence as to Impersonation of Insurance Applicant.—In an action on a life policy, where the defense was impersonation of the applicant before the medical examiner and false statements as to health, a doctor who attended the applicant prior to the issuance of the policy testified that at the time of his examinations he found her suffering from serious heart trouble. He was then asked, "Was her condition at that time such that a doctor, using ordinary care in making a medical examination, would have discovered this heart murmur that you speak of?" It was held that the evidence sought to be elicited by this question was relevant, as bearing upon the question whether or not the deceased was the woman examined. —Suravity v. Prudential Ins. Co., Pennsylvania Supreme Court, 104 Atl. 754.

Necessity for Demand for Autopsy. — In a proceeding for compensation for the death of a workman from strangulation of the intestines found by the Industrial Board to have been caused by hernia resulting from a strain while at work, it was contended that the applicants for compensation were not entitled to an award because they refused the employers the benefits of an autopsy, and that such examination of the body was necessary to determine the cause of death. There was conflict in the evidence as to the necessity for the autopsy, and also on the question of the time of its demand. Whether the refusal of a demand for an autopsy, made after the burial of the workman, will in any case deprive his dependents of their right to compensation under the Workmen's Compensation Act the Indiana Appellate Court did not determine. A demand therefore must, however, be made at a reasonable time and place. The evidence being conflicting the finding of the Industrial Board on the question was conclusive on the appellate court.—Vonnegut Hardware Co. v. Rose (Ind.), 120 N. E. 608.

Expert Evidence—Different Schools of Medicine.—In an action against a homeopathic physician for alleged malpractice the Iowa Supreme Court held that an "allopathic" physician should not have been allowed to say that the patient should have had some medicine producing a physiological effect. In calling a physician one is presumed to elect that the treatment shall be according to the school to which the physician belongs, and his care cannot be measured by the sort of treatment a physician of another school would have given. It was held that in such an action an "allopathic" physician could testify as to what the customary treatment in such cases in that locality was, but could not make comparison with the treatment given by the defendant.—Van Sickle v. Doolittle (Iowa), 169 N. W. 141.

Book Reviews.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

Ultra Violet Rays in Modern Dermatology. By Ralph Pernstein, M. D. Published by Achey and Gorrecht, 7-9 North Queen street, Lancaster, Penn.

The author has presented the subject of Ultra Violet Rays, as produced by the Kromayer and Alpins Sun Lamps, ni a concise manner, giving mainly his own personal experiments in treating the various skin diseases in which he has found them useful, and frankly expressing his opinion in the class of cases they have failed him. He goes into some detail describing the evolution of ultra-violet rays, their properties, general effects on the body, comparative safety in their use; differing from x-ray in that there are no lasting after-effects, and the ease in which same can be applied; giving a brief description of the quartz lamps he is using, and the various applicators and their mode of application.

Over forty different skin affections are enumerated in the chapter on Therapeutic Technic in which the ultra-violet rays have been efficacious. Among these are acne, alopecia, dermatitis, eczema, erysipelas, lupus erythematosus and vulgaris, naevi, seborrhea, sycosis vulgaris, tinca and ulcers. The ease of application, painlessness, freedom from after-effects and the results obtained make this modality a valuable adjunct to the dermatologist and physician who has occasion to treat skin diseases.

C. A. Schneider.

BOOKS AND REPRINTS RECEIVED.

Transactions of the New Hampshire Medical Society. 127th Annual Meeting, 1918.

United States Naval Medical Bulletin. Published by direction of the U. S. Navy Department, for the information of the Medical and Hospital Corps of the Navy.

Proceeding of the Medical Association of the Isthmian Canal Zone. Published by the Health Department, The Panama Canal.

War Medicine. Published by the American Red Cross Society in France. Place de Rivoli, Paris. Vol. 2, Nos. 4 and 5.

Special Report of the Attorney General of Porto Rico, on the Suppression of Vice and Prostitution, Camp Las Casas, 1919.

Reconstructing the Crippled Soldier. Red Cross Institution for Crippled and Disabled Men. New York.

The Pessimist Says: "The man who is his own lawyer has a fool for a client, and the other individual who is his own doctor often has a corpse for a patient."

Which reminds us of what the doctor said to the hypochondriac who was continually studying medical books:

"Some day," he warned, "you are going to die of a misprint."—Richmond Times Dispatch.

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ONE HUNDRED AND FIFTY-THIRD ANNUAL MEETING OF

The Medical Society of New Jersey

NEW MONMOUTH HOTEL, SPRING LAKE, June 24 and 25, 1919

SOME OF THE PROBLEMS OF THE INDUSTRIAL SURGEON.*

By Charles W. Banks, M. D.,
East Orange, N. J.

Medical Director of The Thomas A. Edison Industries, West Orange, N. J.; Surgeon St. Mary's Hospital, Orange.

The attention of the society is called to a subject which I believe is new to many of the members, and one which offers a vast field of endeavor to the medical profession.

It cannot be said, though, that physicians have been neglectful or unappreciative of such an opportunity for service. The opening wedge had to wait long for a readjustment of industrial management to the point where the human element in industry was considered of equal importance and it may be said of greater importance than the machines concerned in the productive output of the plant.

So many things have happened within the past few years; so many things have been compelled by the stress of circumstances, that the industrial efficiencies of to-day are vastly different than those of five or ten years ago. We hear much of modern management. The atmosphere is full of efficiency. Everything must be organized scientifically. By whatever name, the standards of manipulation are made by the necessities of greater production and more economical procedures.

It would not be possible for one man, however able he might be, to discuss intelligently the many ramifications of the hundreds of special functions which are factors of a well organized large industry. The many departments are so specialized and intimately co-related that volumes are written on each subject and one must be fairly expert in his particular work if he would give an intelligent exposition of his function.

I desire, though, to merely touch on an aspect of the new order of things which is closely affiliated with the topic under discussion.

The Personal Service Department is one of the latest arrivals on the field and it has been one of the most radical and the most effective in the evolution of the forces which make for increased efficiency. The immense chasm between labor and capital has made imperative an institution which essays to develop a closer mutual bond of union between the employer and the employee, and the effectiveness of such a relationship is measured entirely by the genius who presides over this particular work. Putting heart in industry is his job, and, therefore, his own specifications must fit the character of his work. Such an office is the clearing house for every psychological complex which may arise between the laborer and his employer. It anticipates and conciliates every species of antagonism. It is concerned with the hiring of labor, but more than this is its responsibility in the maintainance of service. If it be found that a man once employed does not fit his task then a task must be found which he may fill more acceptably.

No man may be dismissed from service

*Read before the Orange Mountain Medical Society, Orange, N. J., April 11, 1919.

by a foreman—he is referred back to the Personal Service Office and all his qualifications are carefully weighed and, if possible, some readjustment made to continue him in service. His record must be beyond redemption if he be dismissed, and if such an unfortunate circumstance should arise the reasons for such a conclusion are thoroughly understood and the discharge loses some of its sting. Under the older regime a man was simply 'fired', and oftentimes, it was unfair or even despotic, reflecting in a large measure the character of a boss's mental moods or personal idiocyncrasies.

The chief of the department must be a keen student of human nature; he must be a practical psychologist and, moreover, if his office measures up to the best type of service, he must surround himself by the same brand of men and women. He must know the characteristics of every type of laborer —the American, the Greek, the Turk, the Italian, the Pole, the Japanese, the Chinaman and the colored man. He must know where to get them. Such a polyglot stream of humanity, passing through his office, must be manipulated in such a way that all racial antipathies and the many languages merge into the various activities of industry so that, not only will it be valuable in productive power, but a distinct civilizing force.

The assimilation of foreigners is a great work in itself. No such opportunity outside of industry can hope to touch this phase of our sociological work from so many sides and, therefore, the responsibility rests heavier upon those who organize and assume the burden. This is a distinct liability, and a failure to appreciate it as such, falls far short of a patriotic obligation of the greatest value.

Before a man is actually placed on service it must be determined if he be physically competent to assume the work for which he is engaged. A medico-occupational fitness is one of the many problems which demands the attention of an Industrial Surgeon. There is, of course, a weeding out or rather an assignment of physical capacities, for, if an industrial organization assumes its proper relationship to a community it will endeavor to assimilate its proper quota of the unfortunate handicapped laborers. It does not necessarily follow, however, that the acceptance of the handicapped man is in any way the operation of a charitable institution, but oftentimes such an employee is of greater value than his fellow worker who is in possession of all his members. The value of a complete report of physical fitness when he is engaged is emphasized, if later, it may be necessary to discuss with him personal injury settlements. It is obvious that such a record, too, may modify or prevent the collection of compensation for an injury received subsequent to employment. Absolute rejections on account of physical findings are rare, except in the event of incurable maladies and those which may threaten the life of another by actual contact with a dangerous disease, or any liability to increase the accident hazard of the workers with whom they would be associated.

The problem of the maintainance of service concerns to a large degree, the medical department. Looking at this feature of the work from a purely commercial aspect it is found that each employee has a definite value as measured by his productive ability, and time taken from the continuous flow in his production is fairly estimated to be anywhere from $45 to $1,000. This is explained by the fact that a new man taking the place of a worker who is injured or ill slows up the output of that particular job for a time at least, or if the work be in sequence, it may effect the output of many fellow-workers. It is obvious that the yearly totals of lessened production in a large plant must assume proportions of great concern. Looking at the proportion from the broader, unselfish, humane aspect, the man himself and his dependents are vitally concerned, and are considered in an effort to speed his recovery and get him back on the job just as soon as possible. There are only exceptional instances where men do not co-operate fully in making use of all the avenues of help offered to them.

The medical department has two subdivisions which are closely related to its success. One is the Safety Service and the other the Nursing Service.

The Safety Engineer is a comparatively new officer in the industry and the value of his service has grown to such dimensions that we find him in National and State societies studying every phase of the safety problem and organizing his division in every way to minimize not only the casualties but the occupational diseases. Safety committees are established in every department and sub-departments. In the Edison plant it is not uncommon to have 150 men present at the monthly conference—all aimed at the rigid enforcement of safety precautionary measures in the protection of life and limb of the employees.

The Thomas A. Edison Affiliated Indus-

tries employ between 7-8,000 men and women. During the year 1917 there were 4,459 accidents, and it was during that year when a Safety Department was organized. In the year 1918 there were 2,538 accidents —a reduction of 1,921, which is largely attributed to the successful organization of this work. Data of this kind are accumulating rapidly in the whole industrial world so that now the up-to-date industrial management considers, with the factors of costs of production, the reduction of overhead expenses, the extension of markets, etc.—a safety system. The appalling waste of industrial accidents demands just as much consideration as any other detail in the business of manufacturing. Whatever may be the impulses, whether it be a financial consideration or a real interest in the prevention of the disasters which follow in the wake of casualties and disease, this work is emphasized and the result is a splendid development throughout the country and an almost unbelievable improvement in working conditions in our factories.

The Medical Department, in order to establish workable data, charges each department with its occupational diseases or accidents—not actually in dollars and cents—though this may be approximated, if desired,—but a charge of responsibility, and if what might be characterized as a normal percentage is exceeded, then the Safety conference takes up the matter for discussion and a notable lowering in that excess is immediately forthcoming. It is astonishing what results are obtained if such a safety atmosphere or a competition in its development is present in an organization. Such data may be passed on to the executive officers and they carry with them concrete evidence of losses which must be attributed to inefficient or careless supervision. There is the cost of medical service; the amount of compensation paid; the partial or total disability charges, and added to this there is the number of days lost in production. In most instances, these totals have proved startling to the executive offices and have resulted in conscientious effort to diminish their number. Preventable accidents should not occur the second time in the same division. If they do something is wrong with the officer in charge, or the employee.

The work of industrial nurses demands the highest type of ability. The men or women engaged in such a work must not only be qualified to render efficient first aid care to those who are injured or ill, but they should possess in an abundant degree a humane instinct which is expended liberally on every species of the human being. They must know the working conditions; they must be tactful and withal they must not know too much. Industrial nursing is a specialty. In modern industry where an organization is too large for the employer to personally sympathize or express his good will in any tangible way, he must use other agencies to do the work. The industrial nurses, whether operating in the plant hospital or in the homes of the employees, whether it be a service of sympathy or tangible assistance, measures up to whatever occasion may arise and discharges the employer's obligation in a way quite beyond any of the older presonnel methods.

The Medical Department conducts a campaign of education—by picture, by text, by lantern slides, and best of all, by photographs of actual contributing causes in a given accident. We mark the man who is responsible and display his picture together with all of the accessories in a place devoted to this purpose. The extensive bulletin boards convey through text and picture information on cause and prevention both of accidents and occupational diseases. These are studied with great interest. At the hospital there is a permanent exhibition of posters, photographs, display cases of damaged goggles, manikins—normal and pathological—all with the hope that the men and women who have occasion to visit the place will be duly impressed. There is an effort too, to instruct the workers in matters relating to general health. Instructions on the care of the teeth, the avoidance of colds, the seasonable precautions, etc., are brought prominently before them and probably do much good.

Concerning the more immediate work of the Industrial Surgeon is that done by him or under his supervision at the Emergency Hospital. During the year 1918 there were 17,913 visits made by patients who were injured or suffered from one of the various affections incident to their occupation.

The conditions existing in the Thomas A. Edision industries are quite different from those existing elsewhere. These industries are made up of 25 or 30 separate companies all producing different mechanisms and appliances, while others are concered with the production of many chemicals, resins and waxes. One would have to go far to find such a variety of products, and, therefore, a very great variety of injuries and occupational things present themselves at the hospital.

The Storage Battery Division alone employs about 2,500 men and women and turns out in the course of a year about 1,000,000 storage battery cells. The Phonographic Divisions make thousands of disc and cylinder records each day. The primary Battery Division, The Phonographic Cabinet Division, The Chemical and many others, all concerned in mechanical and chemical manipulation, offer in accidents and occupational affections a rather unusual medical and surgical experience.

It would be too long a story to detain you with a recital of the special treatment of the many chemical problems, but I will speak only of some of the common everyday practices and observations. The mechanical hazards are many. We set out on the theory that there is no such thing as minor surgery. Every scratch, laceration or whatever injury causing a break in the skin is treated with due respect to the grave possibilities which may follow. When we first enter upon work of such magnitude we were most enthusiastic about instructing large first aid classes and accordingly about 150 first aid centers were established with a man properly taught, as we thought, to render this service.

It wasn't long, however, before our troubles were vastly multiplied by the excess of doctering in many of the patients who afterward were treated at the hospital. There was fully as much work involved in treating iodine burns as in treating the wounds. And the excess of bandaging and other treatment was altogether out of proportion to the demands. Phalangeal fractures and infections did not present themselves for treatment until much time had been lost. To-day no bulk idoine is requisitioned and no case is held up longer than an initial iodine treatment from an ampoule and the application of a one dressing sterile gauze. By a one dressing sterile gauze is meant that sufficient gauze for one dressing is sealed in a double paraffine envelope and sterilized at the hospital. These are distributed to the various stations. Bandaging is discouraged though the rolls are still supplied, but only in small quantities.

At the hospital the wound is again iodined and when dry is neutralized with alcohol. The wound is now covered and all the surrounding area is scrubbed with gasoline. This removes all grease and dirt with greater facility than any method brought to our attention and apparently has certain antiseptic qualities. 50-50 alcohol and water is the usual wet dressing applied and the patient is given a small bottle of it to keep the parts wet if the character of the injury requires a wet compress.

Of burns in general the usual antiseptic precautions are taken, and after thoroughly drying the affected parts by the use of a mechanical warm air driver, a coating of sterile or antiseptic paraffine seals the wound and cotton and bandage applied. The paraffine is made after a formula devised by a British surgeon in the early days of the war. It consists of the following.

Resorcin	1%.
Ol Eucalyptus	2%.
Olive Oil	5%.
Soft Paraffine.....	25%.
Hard Paraffine	67%.

This is either sprayed on or plastered on with a sterile spatula.

The initial treatment of chemical burns is controlled by the agency responsible for the burn. For instance, the caustic alkalies must receive prompt and safe acid neutralizing treatment and in the event of acid traumatisms prompt and safe alkalies. These chemical burns are serious; they destroy tissues rapidly and usually demand intensive treatment. The electric burns have in addition to their destruction of tissue more or less shock. Cases are on record where men have been shocked to death by 110 volts, so that it is imperative to safeguard all electrical workers from such an event. Men are not in great danger if voltage is under 300. A laborer with a weak heart might be in danger with 220 volts. The circumstances of insulation and conducting media, however, are operative in any given case and control the physical effects of the electric current. Wet floors, metal contacts, etc., may multiply the danger to a great degree. Low voltage currents burn, while shock predominates in the event of higher voltage. It is also true that while there are many more low tension shocks than burns, they are not so serious; while with high tension a shock proves fatal oftener than the low tension burns.

All fractures or suspected fractures, all severe sprains are immediately x-rayed by an outside disinterested laboratory and a written report furnished for the hospital files.

All serious eye injuries or occupational eye diseases are referred to an eye specialist who reports the progress of the affection and the same is duly filed. For the minor eye, ear, nose and throat work, a dark room is a part of the equipment.

It may be of interest to say a word about

hernia. It is our belief that there are many alleged traumatic herniae which, in compensation, time and liability charges amount to many thousands of dollars each year. Many of these are well staged frauds and the only way for industry to protect itself against this expense is the examination of the hernial openings at the time of employment.

The best surgical opinion considers a hernia the result of some anatomical defect, and that no single physical effort or injury is directly responsible for its existence. By far the greater number of herniae met with in industrial life is the indirect inguinal. If an employee presenting himself for examination shows enlarged hernial openings with a distinct impulse on coughing, it is a fairly safe conclusion, although no mass may be in evidence, that such an individual is a hernia prospect. Such a condition is an anatomical defect which permits a pouching of the peritoneum at this point and later an engagement of abdominal contents at the internal ring. Through the years, owing to the many distensions and recessions, the inguinal canal is invaded, a sac is formed, and a hernial impulse felt at the external ring. This stage of development is not far removed from a presenting mass which is ordinarily designated as a rupture. In other words, the hernia has been on its way for a long time and should not be charged to sneezing, coughing, or any ordinary single intra-abdominal impulse. In normal persons intra-abdominal pressure tends to close the inguinal rings.

In 1907 an English commission was appointed by Parliament to investigate hernia and its relation to industry. This commission included in its membership a number of prominent English surgeons. They reported that "One could practically exclude the possibility of an inguinal hernia arising as an accident." Berger, in a very comprehensive review of industrial hernias, states that "96 out of 130 subjects who attributed their hernias to accidents, and whom he examined as a medical expert, had multiple hernias and presented 230 hernias. In other words, 96 of these claimants had other hernias which they did not know they had." Several of our State Industrial Commissions in an effort to treat this subject in accordance with medical and scientific facts with the object of being just to both employer and employee have formulated rules incorporating the sentiments just quoted.

Deaths from occupational diseases are very rare. Such diseases, however, are fairly common. A most important feature of them is that they should not exist. This is one of the great problems for the activities of a medical department. Then there are the diseases partly occupational and the various occupational health complaints. All these things are of engrossing interest to the industrial physician and to all physicians.

Many of the hazards parallel those met with in general health work. The same problems of sanitation; of improper light; of pure air; of posture; of dirt; of fatigue; of contagious diseases; of alcoholism, and even the moral obliquities, etc., are precisely the same as those outside of industry.

There is a rapid growing consciousness that an employer can no longer conduct his business as he chooses. He can no longer drive men and women on the basis of mere contractual relationships. If he would get the best results, he should consider the employees a real vital part of the institution—an organization of individual producing units whose power is measured in terms of health and sociological standards. This is the fundamental elements in the successful organization of to-day. Considering men and women first as human beings and environing them with every precaution to preserve and develop human life. Productive power follows naturally after the development of the life of the employee.

Our municipalities have not yet awakened to the fact that the opportunity for making men and women presents itself in a way which cannot be approached by any other method in every industrial organization in the land. It may become a center of life and inspiration to its workers and withal it is good business. It is a cause for congratulation that modern Industrial Management has as its foundation the life, the health, and the happiness of its workers.

THE TREATMENT OF ACUTE INFLAMMATION OF THE UPPER RESPIRATORY TRACT.*

By Margaret F. Butler, M. D.,
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Since chronic diseases of the nose, throat, ears and eyes are often due to frequent and prolonged acute attacks, the writer wishes to emphasize the importance of preventing, cutting short and curing acute inflammations before chronic and sometimes incurable conditions have been established. The

*Read at the meeting of the Burlington County Medical Society, held April 9, 1919.

eyes and ears are included in this subject because their mucous membranes are continuous with those of the nose and pharynx, and they suffer from the extension of infections, as do the accessory sinuses of the nose.

The advisability of treating acute catarrhal inflammations—the so-called "common colds"—cannot be over-estimated; but because fatal results so seldom accompany acute exacerbations, they are frequently neglected. Nevertheless, it has been found by an investigating committee appointed by the Boston Chamber of Commerce that "the loss of money, exclusive of that paid for medical treatment caused by colds amount to an average of twenty-one dollars per annum for each person."

In the etiology of chronic catarrhal diseases of the nose and throat, no one factor is more often given than frequent acute inflammations or a prolonged cold; and the specialist is time and again brought face to face with a tuberculous laryngitis, an atrophic rhinitis, a corneal ulcer, advanced deafness or other disabling conditions that might have been prevented by energetic and judicious treatment at the outset or in early life. Colds in the head are more frequent in childhood than at any other time in life; and it is neglect at this period that lays the foundation for deafness, blindness and future incapacity.

While there are innumerable remedies for colds, unless a correct diagnosis has been made, treatment must fail. Recently, within a very short period of time, four cases of advanced tuberculosis of the larynx presented themselves to the writer. All but one of these had been under the care of a general practitioner from six months to a year, with a continuous decline in health. In every one of these, the correct diagnosis had been overlooked; and the patient in each case was considered to have only a catarrh, with a general rundown condition.

One of the patients had lost twenty pounds in weight during six months. His original weight, 137, had fallen to 117. On examining the larynx, it showed the characteristic mushroom appearance of tuberculosis. Examination of the chest gave no physical signs. Two specimens of sputum were sent to the laboratory. In the first, no bacilli were found. In the second specimen, four organisms occurred in an examination of 200 fields. The Wassermann of the blood was negative. There evidently had been no temperature until within a few days of his visit to my office when aphonia had appeared suddenly. An x-ray of the chest showed thickening about the roots of the lungs, which added to the evidence of tuberculosis. The man had been overworking. He had had a cough all summer, but, in the absence of physical signs in the chest, he was considered to be simply "run down."

This case demonstrated well the following aphorisms of Dr. Lawrason Brown of Saranac Lake: "In any patient with constitutional symptoms, no matter of what he complains, the possibility of tuberculosis must be kept constantly in mind." "Symptoms without physical signs demand treatment, while physical signs without symptoms require only careful watching." "The usual weight of a patient who develops pulmonary tuberculosis is often ten pounds below the normal weight for his height and size." "The fluoroscope, the roentgenogram, and particularly the sterogram, may reveal and locate pathological pulmonary changes to be detected by no other means."

Many patients who had influenza during the recent epidemic have had, following it, this winter, almost constant inflammations in the head and throat; and doubtless many cases of tuberculosis will develop, or latent cases will be relighted.

It should be possible to prevent children from having one cold after another. Clearing the throat of diseased tonsils and adenoids is the first step in accomplishing this end. The time that the tonsil is most needed is up to the third year, as it may have an immunizing influence essential to the young infant. If however, it has become pathological, its function is altered so as to render it a source of infection. The crypts of the tonsils act as culture tubes for pathogenic bacteria, and the constant absorption of their toxins is injurious. There is no doubt that other things being equal, the majority of children improve in health and have very many less colds after the tonsils and adenoids have been removed.

Of equal importance with the tonsil and adenoid operation is care of the development of the teeth, and the dental arch. Hippocrates said, "Those who suffer from headache and running ears have a high-arched palate and irregular teeth." Lack of lateral development prevents expansion of the nasal chambers, thus limiting the capacity for breathing. This nasal obstruction causes return of adenoids even after they have been thoroughly removed. With such a poorly developed nose and high, narrow, palatal arch, the teeth should be straighten-

ed and the arch widened as early as possible. The function of the nose in warming, moistening and filtering the inspired air cannot be overestimated; and no one can breathe through the nose perfectly until the mouth is put in such a condition that the lower lip can extend over the upper teeth, thus creating a complete closure.

It is essential, also, to maintain normal nutrition in the young child, in order to prevent catarrhal conditions, acute or chronic. The punny child with a running nose is a sick child, and needs more than the average care. This is the type that frequently develops that very distressing condition—atrophic rhinitis. Nutritional clinics are now being established in some of our city hosptals. Here the undernourished child, from two years up, is weighed and measured frequently, and feedings, with rest periods are explicitly prescribed. It has been found that these undeveloped children of school age improve much more quickly by having frequent feedings and periods of rest than by simply having an extra amount of food at the regular meals. The child soon becomes ambitious to reach the normal weight and height, and readily co-operates with the physician or nurse. The school physician would do well to weigh and measure all the children, as well as to examine the throats, ears and eyes. In nutritional clinics, orders for diet and hours of rest are written carefully for the mothers; and follow up nurses see that the directions are carried out. The value of the frequent use of the scales and the tape-measure should be taught to the general public, for parents are usually interested in giving their children a heritage of efficiency.

The child of normal weight and size is much more capable of resisting infections than are the children who are subnormal in these respects; and those with constant head infections, not cured by removal of tonsils and adenoids are commonly those who are undernourished. Some may eat abundantly, but the food is unsuitable for them. Others may be fat and above the normal in weight, but may be suffering with frequent colds as the result of overeating and auto-intoxication. Clinical laboratories in which to study these cases are eminently important, and patients should not be sent to the operating table until ample research has been made regarding the blood, urine and general metabolism.

Ballinger said, "The chief predisposing cause of acute rhinitis in adults is an obstructive lesion of the nasal septum, which predisposes to the local growth of pathogenic bacteria and the development of their toxins; hence, the inflammatory reaction in the form of an acute catarrh. These obstructions interfere with the drainage of the nose and accessory sinuses, and create negative pressure in the posterior nasal chamber and in the naso-pharynx, thus keeping up constant irritation and inflammatory conditions predisposing to infections in this reregion." Since, through our new method of straightening the septum by means of submucous resection, such good results can be so easily attained, no excuse is afforded for leaving this condition uncorrected.

Poor ventilation is considered a common factor in the etiology of colds. A room is considered to be fairly well ventilated when the carbon dioxide content of the air is not over six or eight parts to ten thousand. The following experiments were made by Dr. Hill: Carbon dioxide was gradually forced into a room containing absolutely pure air, in which a man had been set to work. Finally the carbon dioxide content of the atmosphere was raised to such a point that it was thought that no person could very long exist therein. The man, however, remained in the room for several hours; and the only discomfort that he noticed was a fullness in the head. He was again placed in the room later, and dust was forced in. This time he developed acute coryza, and could not stay so long as before. This proves that clean air containing carbon dioxide has little effect, and that the colds that we contract are due to infected air as much as o that containing an excess of CO_2.

The proper degree of humidity to be maintained in the atmosphere is about 50%. Dr. Mitchell Smith, in an article entitled "Indoor Humidity," says: "The overheating of our houses has been accepted as a prominent cause of catarrh; but I am confident that the low relative humidity and, consequently, the large saturation deficit of the aqueous vapor in the atmosphere of our rooms, is much more important." He further observes, "It is easier to take cold in a room of 70° with a relative humidity of thirty per cent., than in a room of 65° with relative humidity of sixty per cent."

Dr. W. A. Evans thinks that the temperature in the school room should be kept at 68°, because at this temperature the exhaled air, being hot and moist, will rise out of the breathing zone, to be replaced by purer air. He also states that by raising the relative humidity to 60 or 70 per cent., the dust

may be kept inactive and the inhabitants of the room rendered less susceptible to draughts. If the relative humidity is as great as 60 per cent. the pupils will be comfortable with a temperature of 68°.

"In many of our modern buildings and schools there is being installed the Carrier Air-Washing and Humidifying Apparatus, as was done in a public school situated next to a garage—principally because the odor of gasoline was constantly permeating some of the class rooms. After the installation of the apparatus, there was deposited in the receiving pan a layer of mud, a layer of cylinder oil, and a layer of gasoline—all having been collected from the atmosphere of this school. It is claimed that these washers remove as much as 98 per cent. of the dust, dirt and bacteria from the air. Five pails of dirt were washed from the air of Public School No. 6, Brooklyn, N. Y., during the course of one week; and, doubtless, just as much more was washed out when the tank was drained. It certainly must be considered worth while to have eliminated one hundred and twenty-five pounds of disease-laden dirt, some of which otherwise would have been inhaled by the pupils, the balance settling on the furniture or remaining in circulation."

As a predisposing cause of acute inflammation of the upper respiratory tract, bad dental conditions are of immense importance. Decayed or infected teeth are frequent sources of sinus infections, in addition to deviation of the septum which has already been referred to as a cause of this condition. The infected sinus, in turn, predisposes to infections of the remainder of the respiratory tract, as well as of the eyes and ears. Indeed, deafness is often due to unerupted and impacted wisdom teeth even when no infection is present. When the focus of infection is in the teeth, it is often difficult to locate. In a special study of teeth, it is often difficult to locate. In a special study of teeth made at the Robert Brigham Hospital, 90% were found to have root abscesses, although these had not given rise to pain or other indications pointing to them as the cause of the bodily ailment complained of by the patient. With healthy teeth, a straight nasal septum, healthy tonsils and adenoids, and normal nutrition, there would be a great diminution in the number of infections of the eyes, ears, nose and throat.

In the etiology of acute catarrh, we must consider the exciting, as well as the predisposing factors. Many writers of text-books classify catarrhal affections under the headings of infectious and non-infectious or contagious and non-contagious. There are some who believe vasomotor disturbances due to auto-intoxication, fatigue, poorly ventilated houses, over-eating, exposure and cold damp weather, are the chief etiological factors. The majority, however, hold the opinion that these are only predisposing causes, lowering the resistance of the body to the micro-organisms present. There is some evidence to show that exposure does not produce the usual form of cold in the absence of opportunity for contagion. Thus, in long sea voyages, in spite of the existence of such factors as exposure, physical weakness and unhealthy surroundings, the members of the crew are not affected by colds before the vessel reaches port.

Virile micro-organisms from the outside, gaining entrance by way of the mouth, lurk in the crypts of the tonsils, in the nasal accessory sinuses and about the roots of the teeth. As soon as, through some act of indiscretion, our natural barriers of resitance weaken, various inflammatory bacteria of outside origin propogate and develop, and are ready to accomplish their deadly work.

That bacteria of the respiratory tract pass from one individual to another, is undoubted. A medical man in one of the army camps is credited with the statement that he would like to see every case of "cold" isolated, as such a case was almost sure to start a general infection among the men in immediate contact with it, and with one another. Another observation made in the camps was the prevalence of a specific organism in each group epidemic. Thus, in one group, throat cultures showed the streptococcus hemolyticus to preponderate; while in other groups, the pneumococcus, the streptococcus viridans, Friedlander's bacillus or Funicliffe's bacillus would be the preponderating organism. This proves that a highly virulent strain of bacteria, spreading from man to man, may overcome the natural resistance that each has to his own organisms.

Besides the hygienic and surgical measures used for prophylaxis and cure of nose and throat infections, there is no limit to the variety of general medical and local treatment enthusiastiaclly advocated for the treatment of symptoms.

Treatment should be individual. For some patients, a day spent in the open air at whatever temperature or vigorous exercise, will effectively "throw oc a cold";

while for others, it is necessary to resort to laxatives, hot baths, hot drinks, Dover's powder, quinine, atropin, nux vomica and the various expectorants. Atropin is such a valuable drug to the rhinolargyngologist that it needs more than passing mention here. For the relaxation of acute, subacute and chronic conditions, with leaking mucous membranes; and for the sinus pain accompanying acute rhinitis, it dries up the secretions and acts as a local tonic. Children bear it well, and notwithstanding the fact that the value of this remedy is well known to all physicians, the writer has seen many cases where patients have suffered a long time from neglect of its use.

In severe weather, the average patient does better to rest in an even temperature of 68°to 70°. Fresh air, but not frigid air, should be abundantly supplied to such patients while the mucous membranes of the upper air tract are inflamed; and warm inhalations, hot drinks and rest are also indicated. In some cases, local treatments not only give much relief, but are abortive and curative.

In the first stage of an acute rhinopharyngitis when the muocus membranes are turgescent, the attack may frequently be checked by the following method of treatment: Contract the swollen tissue with an application of one per cent. cocaine solution. After the nasal fossæ have been opened to the choanæ, the mucous membranes are bathed with a hot cleansing solution. For this purpose, the use of the bulb syringe and the glass "duck" are condemned; as they flood the nose and subject the ears and accessory sinuses to the danger of infection. A fine, flexible silver canula, about four inches in length, such as is used for irrigating the maxillary sinuses is much less dangerous. The canula is carried into the nose through the speculum; and under the direction of the eye, the current is directed against the different parts successively. Not more than two ounces of the solution need be used.

After the irrigations, the mucous membranes may be painted with a 25% solution of argyrol or other colloidal silver solution. This is followed up with a bland oily spray. The argyrol is supposed to act by its weight, as it penetrates the deep layers of the mucous membranes, it stimulates phagocytosis. Good results may be secured without the cocaine solution. Tampons of a 10% solution of argyrol placed in the nose for ten minutes, or a 25% solution simply painted on the surface and followed by the oil spray, are efficacious. The irrigations may often be omitted. Too many local treatments are irritating in acute inflammations, and one or two, given on alternate days, should be sufficient. Patients should not be sent out in the cold air immediately after local treatment. It is safer to have them wait from twenty minutes to a half hour, until rēaction has taken place. Douches and sprays used at home are often harmful. Vaccines undoubtedly have a valuable place in curing colds and in bringing about immunity to them.

Infectious diseases, influenza, whooping cough, scarlet fever, etc., often leave as their sequelæ foci of pathogenic bacteria in the sinuses, naso-pharynx and tonsils causing a sub-acute or chronic inflammatory condition, subject to acute exacerbations. It is of the greatest importance that these foci be eradicated and that immunity to the infection be established by an out-of-door life, regulated exercise, rest and correct hygiene.

TREATMENT OF UTERINE HEMORRHAGES FROM THE MODERN VIEW-POINT.*

By Howard A. Kelly, M. D.,
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It seems a fitting time to present to the profession at large some account of our new and greatly changed view-point in the matter of the treatment of uterine hemorrhages of certain types.

While any escape of blood from the body in an unaltered form in one sense constitutes a hemorrhage, we cannot apply this broad definition to uterine hemorrhages, for here a regular monthly discharge is the norm for some thirty years of life. The question of hemorrhage in the case of the uterus limits itself to the amount above normal and to the effect it produces on the individual.

An excessive flow, long kept up, calling for frequent changes of the napkins, and weakening the patient, are the common characteristics of a uterine hemorrhage, a diagnosis easier to make in the individual case than to define broadly on paper.

At the menarche (beginning of menstruation), and at the menopause (ending of menstruation), irregularities in amount and time are common, without being pathological. The common knowledge of this fact

*Taken from The Therapeutic Gazette, April 15, 1919, without the illustrative cuts.

has cost many a women her life, as she has not been aware of the fact that toward the end these much-heralded irregularities are also the surest sign of serious diseases which, advancing unchecked, may destroy life. The difficulty lies in the patient's lack of previous experience, in her not knowing how much irregularity to allow for, a fault easily corrected by the skilled doctor's larger experience.

I want especially to say a few words to those readers of the "Gazette" who are engaged in general practice, as it is on this common ground of uterine hemorrhage that we meet daily, and any information ought to be made common property as speedily as possible. Let me lay down a few rules which guide me in my work, somewhat after the fashion of what used to be called aphorisms.

In the first place every menstruating woman with few exceptions demands some attention and care; there ought to be a little more relaxation and rest from cares and occupation, for a day or two after the onset. The inability to do this is a part of the great pity of so many young girls going into the industrial field for a livelihood. At the beginning (the onset of menstruation) a young girl ought to be watched with unusual solicitude, and instructed how to safeguard herself at this time, especially in avoiding exposure, catching cold, and overfatigue and constipation. If the function is seriously upset at the start it is apt to continue on that type as a habit, and it will be hard to set it right later.

For unusual pain and undue flow there is no treatment comparable to putting the patient to bed for a couple of days each month, for a time.

Let me make a declaration right here which I know will be disputed by many a capable practitioner, namely, that I know of no drug which has the power of checking or stopping the menstrual flow. Still less do I believe that ergot or ergotole is of any more use than so much brick-dust, and yet we have given literally tons of ergot for this purpose! If my statement is correct, what therapeutic follies we have committed!

At the menopause end of life every unusual flow demands careful study and a diagnosis, with the thought always in mind that this particular patient may have a cancer, until the contrary is clearly proven.

In contrast with all the other organs of the body the uterus might be called the normally periodic bleeding organ; an excess of its bleeding function is noted under these several circumstances:

There is the excessive flow in young girls when menstruation starts; excessive flow in married women in the child-bearing period of life; excessive flow in the unmarried, say from thirty-five to forty; excessive flow in the married from thirty-five to forty and upward.

Each of these age and social divisions has its own peculiar liabilities to certain forms of hemorrhages, some harmless and others most serious.

The commoner causes of hemorrhages which ought to be borne in mind are the following:

1. The simple free flow in the young girl without demonstrable cause, an inexplicable irregularity of the onset.
2. Miscarriage in the married.
3. Extrauterine pregnancy, associated with cessation of menstruation and irregularity, and pain — not always, however, with all these marks, and sometimes with none of them.
4. A fibroid tumor or a polyp (rarer), about middle or more advanced life.
5. Cancer of the body of the womb, say from thirty-five up.
6. Cancer of the neck of the womb in the child-bearing woman.
7. Ovarian tumors on one or both sides of the womb sometimes causes hemorrhages; these can usually be felt as considerable masses choking the pelvis.
8. Lastly, we must not forget the serious cardiovascular disturbances or blood diseases may cause uterine hemorrhages.

The diagnosis of the cause of the hemorrhages is as a rule extremely simple, and ought never to be neglected. The physician who only sits at the bedside of his patient and feels her pulse and prescribes a potion seriously neglects her interests and his own highest obligation.

Let me put the matter very broadly, in the case of a young girl, a virgin: here alone is it justifiable to put the patient to bed without an examination. The salutary maxim has come down to us from antiquity: *Magnum est crimen perrumpere virginis hymen.* This is not a counsel of inactivity when after due patience the flow continues persistent and threatening, for the safety of the patient is the supreme law. A rectal examination can be made in the virgin to see if the uterus is in place and of normal size, and then if needs be an anesthetic, preferably gas, can be given and the uterus curetted. By repeated curettages, under gas, carried out every month as soon as the flow was beyond normal, I have saved sev-

eral young women from mutilating operations. I have even done this operation ten, fifteen or more times in one patient. One of my young women who had been told that the next hemorrhage meant the removal of all her organs is now the mother of numerous children.

To revert to the more general discussion, and forgetting this class, the diagnosis may be as simple as resting the hand on the abdomen and discovering a large fibroid tumor there, or it may await the introduction of the finger into the vagina, where the cervix is found bleeding and friable—a cervical cancer. Let me advise the use of a thin rubber glove for this examination in justice to the next clean patient to be examined. If no fibroid is felt above and no cancer is touched below, then use both hands, one in the vagina and one above feeling through the lower abdomen, and acting together bimanually. If the uterus is somewhat enlarged and bossed, it is quite surely a fibroid uterus of lesser size. If it is uniformly enlarged it may be either a cancer of the body, or more likely a simple hypertrophy, the so-called myopathic hemorrhagic uterus, a well-recognized, common enough disease, but little understood.

Masses at the sides, or a pelvis filled with conglomerate masses, will at once suggest disease of the ovaries and uterine tubes. In examining do not forget the rectal touch, as it serves to clear up conditions higher up.

One step more remains to be taken to make the diagnosis sure, and to make certain that there are not two causes at work to produce the trouble, and that is the dilatation and curettage of the uterus, removing some of the cervix or endometrium, always for a careful competent microscopic diagnosis. Many men fail just here, as they are not prepared to harden tissues and cut sections themselves, and they do not know just what to do with the specimens they have secured. Let me say that my own clinic, and I am sure any other reputable clinic, will gladly make such an examination and report, and if the patient is poor, and the request is made, without charge. However, it is essential to put the tissues immediately on removal into a ten-per-cent. formalin solution and to mail, accompanied by accurate brief notes about the case.

With our careful history, digital and bimanual investigation we have found the source of the hemorrhage. What are we to do next?

If the disease is not malignant, and the patient's condition is in no way alarming, we can afford to wait and watch for a time. In a fibroid tumor the simple act of curetting often gives prolonged relief; also if nothing is found more than an abundant endometrium, a curettage is often enough.

In the severer hemorrhages nearing, or at the time of menopause, question of stopping the flow altogether at once comes up. This can be done by removing the uterus, whether it is a fibroid uterus or simply a hyperrophied bleeding uterus. There is no operation which has been a greater boon to suffering women than this radical procedure in those who are nearing the menopause with intractable hemorrhages. However, within recent years a new source of relief has been found in radium, which does away with the mutilation and the dangers of a hysterectomy. The field of radium in this group of cases we have been considering is large and beneficent. We are able with radium to stop the menstrual function at will, or in some cases in younger women to regulate it. In the myopathic hemorrhagic uteri, where all we can discover is that the uterus is enlarged, a single insertion of several hundred milligrammes of radium on the end of a sound into the uterus for several hours is enough to put an end to losses of blood which have threatened even life itself. If we are still wedded to an operation it would yet, as a rule, be better to check the flow and let the patient pick up and make up some of her lost hemoglobin, by using radium before subjecting her to the surgical ordeal.

In fibroid uteri we get surprising results with radium as a rule, in that not only does the flow stop with the menstruation, but the tumor also begins to shrink, and in time often disappears entirely! I place radium, and not operation, first on my list in the treatment of fibroid tumors. Indeed, in many of the cases I see nowadays no other treatment is possible, for they have some severe dyscrasia, and are suffering either with diabetes, or heart disease, or tuberculosis, or other trouble, utterly forbidding operation. Some of the most brilliant results have been in the extremely anemic group. Cancer of the body of the uterus ought always to be operated on, and not radiated.

Cancer of the cervix, however, responds most favorably to radium, and can almost always be wiped out by a big thorough application. Let me state my rule here. An easily operable case of cervical cancer is curable by radium, but I find no fault with

the surgeon here, as surgery, too, gives good results, albeit with greater pain and risk. Now in every other case of cancer of the cervix than in this early easy group, radium is far better and far safer than operation, for if the disease is advanced enough to limit the mobility of the cervix a little or more on one side, the patient stands a better chance of getting rid of it and getting well permanently with radium than with an operation.

In the still more advanced cases radium is absolutely the only hope, and here there is a definite hope, where there was none at all before; if we do not get many cures in this hopeless group, we do get a prolonged period of marked improvement.

In conclusion, then, let me summarize. Radium has come as a great boon for the very class, the hemorrhagic cases, which we have under consideration; leaving out the cancers of the uterine body, it saves the patient from an operation in almost all the other cases, namely, fibroid tumors, bleeding uteri, and cancers of the cervix. There is no part of the body where the blessings of radium are more signal than in these bleeding uteri.

TWO CASES OF INFLUENZA TREATED BY SODIUM BICARBONATE INTRAVENOUSLY.

By LELAND S. MADDEN, M. D.,
Pleasantville, N. J.

Discouraging results in the treatment of influenza since the first of October, 1918, have made many physicians feel at times their almost absolute helplessness in several types of the disease.

These results have also induced many to give a trial to various remedies and methods of treatment in the hope of relieving their patients and reducing the high mortality. Having lost several of the same type as the two which I report here, I feel sure that these two would have gone the same route without the means which so marvelously changed their prognoses.

The type referred to begins by lysis or high fever and marked rachialgia, later showing a persistent high fever not reduced by any medication or intelligent hydrotherapy and finally developing a true lobar pneumonia or edema of the lungs with death in a short period or not attaining to pneumonia or edema but dying in about the same time by a pure toxemia. Practically all of this type which I treated had highly acid urine and a great quantity of albumen.

CASE 1. Male, age 30, first seen January 14, 1919, T. 102, P. 100, R. 24, complaining of severe headache, backache, fiery red fauces, and persistent dry cough.

Improved somewhat until second day, when pregnant wife became ill with same disease and he got out of bed occasionally to administer to both. These folks lived out in the woods, could not get any help, and had to suffer alone, without any nursing and without even fires in stoves until the 20th, when we had the assistance of a practical nurse. Consequently, after getting out of bed his temperature went up to 104, his cough became more harassing and he went to bed delirious the day the nurse arrived.

His treatment was sodium bicarbonate gr. xx every two hours and a mixture of potassium citrate, nitre, tincture aconite in water every half hour. He received a cough mixture of ammonium, camphor, squills, etc. For two days with nurse he also had the same medication, with ice to head, hot mustard foot baths, cold sponging, cold to abdomen, free elimination fr obowels, plenty of water to drink, etc.

In spite of this work for forty-eight hours his temperature ranged from 104 to 105; he was delirious, he had a beginning congestion of lower left lung, some pleural friction, his urine was still highly acid and loaded with albumen. His pulse rate was rapidly climbing, as were his respirations.

Seeing that his condition was grave and that his acidosis remained after alkaline treatment by mouth for eight days and that his outcome was outgo unless there was some radical change he was given two drachms of sodium bicarbonate in one pint of distilled water intravenously. In a few minutes the patient had a marked chill lasting one-half hour and a drop of temperature from 104.2 to 98 in four hours. When seen next day he had lost an anxious expression, his respirations were easy, coughed less, and remarked about his relief. His temperature remained normal and the albuminuria cleared up in a few days.

CASE 2. Mrs. J. K., age 34. Visited first February 24, 1919. Temperature 102, pulse 110, general aching, some cough.

Treatment: Sodium bicarbonate gr. xx every two hours; sodium salicylate gr. x every two hours. Dover's powder gr. x. Aspirin gr. v three to four times in twenty-four hours as needed for headache and pain.

Patient could not retain salicylates, in-

creased sodium bicarbonate to gr. xxx every two hours, gave potassium citrate, tincture aconite, nitre and continued aspirin. Nausea became worse and she vomited everything taken by mouth. The fever rose to 104 and was not controlled by hydrotherapy. This patient had good nursing throughout disease. Cough increased and lower right lung gave signs of beginning congestion.

At five P. M. on sixth day of disease the temperature was 105. Two drachms of sodium bicarbonate in one pint of distilled water was given intravenously and was followed in a few minutes by severe chill which lasted one-half hour. The patient next morning at eleven o'clock had normal temperature and convalesced rapidly. This patient also had marked albuminuria and acidity.

Following the intravenous the first patient received nothing but sodium bicarbonate gr. xx and the second patient nothing but sodium benzoate gr. v in aqua menth pip. every three hours. The very marked beneficial results in these cases, which undoubtedly would have died without this treatment, make me report the same, hoping that I might hear from others who may have tried the same treatment and that others might obtain similar relief when in such condition.

Clinical Reports.

Amaurosis Under Ethly-Hydrocuprein.—Dr. Ujiie reports the case of a girl of 10 who died in the third week of a pneumococcus peritonitis with sudden stormy onset in the midst of health. Complications on the part of the lungs had followed a laparotomy which had confirmed the diffuse suppurative peritonitis. The child was then given six doses of 0.2 gm. ethyl hydrocuprein (opto-chin) at four hour intervals. Two days later there was total amaurosis which persisted till death, only slightly receding toward the last, allowing perception of light. The microscope showed edema and vacuoles in the retina, with swelling and beginning destruction of the nerve fibres in the optic nerve. Necropsy of some pneumonia patients who had taken optochin without disturbance in vision showed the optic nerve entirely normal. Uhthoff has also reported recently two cases of optochin amaurosis in men of 28 and 45 with extensive destruction of the medullary sheath of the optic nerve as evidenced by Marchi staining. All the findings readily explain why in one case there may be complete and integral restriction while in another permanent damage may result.

Typhoid Carrier for Thirty-seven Years.—Dr. S. T. Champtaloup, in the British Medicale Journal, cites the case of a man, aged 72, who had worked at sheep-shearing, bush-falling, and as a general farm servant in and about the same district in New Zealand for nearly forty years. He had never been engaged in cooking or otherwise handling food at the farms or stations at which he worked. He had had typhoid fever in 1881. He suffered a relapse, and was in the hospital thirty-seven weeks. On fi vedifferent occasions (from 1888 until 1918) men working with him became ill with typhoid. On examination it was found that his serum agglutinated his own bacillus up to 1:300, and agglutinated the standard (Oxford) strain of B. typhosus up to 1:250. Very numerous typhoid colonies on MacConkey plates, and in almost pure culture, were found in his feces on several occasions.

Tetanus in Infant.—Dr. F. Eguia, in Prensa Medica, Argentina, Buenos Aires, says he gave tetanus antiserum freely to the infant that had developed tetanus when 10 days old. He injected 10 c.c. of the antiserum, giving 0.10 gm. chloral by the mouth, and tepid bathes, keeping the head cool, every two hours. The mother's milk was fed by the spoonful every three hours, and the umbilical cord was kept moistened with the antiserum. Orders were given to administer 0.25 gm. chloral in an enema every three hours in case of difficulty in swallowing. During one very severe paroxysm he gave chloroform and oxygen. The child recovered after a long and severe siege of the disease. It had been given in the course of eighteen days 140 c.c. of th antiserum, and was able to nurse by the mouth by the nineteenth day.

Acute Cholecystitis in a Child Two and One-half Years Old.—Dr. Louis Marton presented this case at a meeting of the N. Y. Academy of Medicine, a child 2½ years of age, admitted to Fordham Hospital about six weeks before with the diagnosis of acute intussusception. On physical examination the typical sausage-like mass was found occupying the right hypochondriac and iliac region. The child had passed no blood by way of the rectum and that made one look for obstruction. What had been pointed out as visible peristalsis was found to be only the inspiratory and expiratory movements. On opening the abdomen there was no evidence of any gut distension anywhere but there was a tremendously distended gallbladder, the size of a gallbladder in an acute cholecystitis in an adult. It was filled with tarry bile. There was no evidence of any other lesion except marked stenosis of the cystic duct. The child was drained for about three weeks and then the tube was removed and the child seemed to be doing well, but developed bronchopneumonia which terminated fatally.

Solitary Kidney with Unusual Anomaly of the Ureters.—Rathbun (Urological and Cutaneous Review), reports a unique case. There was complete absence of the left kidney, but a large tortuous left ureter which bifurcated at the sacrai promontory whence the two branches crossed over and led to the right kidney.

Labial Saccharomycosis.—Dr. R. E. Ribeyro, in Annales de la Facultad de Medicina, Lima, describes a case of infection of the lower lip in a young woman of twenty-two which had persisted for six months in spite of energetic treatment. Microscopic examination showed a

typical yeast or saccharomyces infection, which was further proved by cultural and fermentation tests. Bicarbonate of soda in five per cent. solution applied continuously externally and given internally in doses of ten grams per day produced a rapid cure.

Cysticercus Bovis in the Human Breast.—Dr. Fontan, in La Presse Medicale, reports the case of a woman, aged 45 years, who consulted him for a small swelling in the left breast not larger than a cherry pit. It lay outside the nipple area, was hard and non-adherent. Five axillary lymph nodes were inflamed. Cancer, tuberculosis, and syphilis could be eliminated and the residual diagnosis was adenoma. The woman demanded to be freed from this infirmity, irrespective of the hazard. The examination of the stools chanced to reveal segments of a tenia saginata, and a tenifuge led to the complete expulsion of the worm. The cyst was excised and was found to contain the head of the parasite in question, corresponding in every way to the expelled parasite's head. The case was therefore one of so-called "ladrerie," that dread medieval affection, which is fortunately very rare at present."

Surgical Lesion from Ascaris.—Dr. A. Moller, in Hospitalstidende, Copenhagen, reports the case of an infant of 22 months under treatment for ascarides. In one week he passed seventy. Then symptoms of peritonitis compelled laparotomy, and an ascaris was found in a pus pocket, but this pocket was encapsulated and there was no peritonitis. The toxic effects of the masses of ascarides were long felt. He was brought back to the hospital four months later with further masses of ascarides. A second course of santonin has apparently banished them completely.

Interesting Case of Dementia Praecox.

Reported by Dr. H. B. Scott, Louisville, at a meeting of the Jefferson County, Kentucky, Medical Society.

Miss A. H., aged twenty years, white. Father and mother living and in good health; father was fifty-two years of age when she was born. One sister living and well. The first noticeable manifestation was a mild depression followed by symptoms of melancholia. The patient became suddenly delirious on September 3rd, 1914, she was very religious, shouting, singing, and expressed herself as "loving everybody." The delirium lasted about one week then gradually subsided until she became quiet and rational, but was still depressed.

On November 3rd she again became delirious and similar symptoms were noted. When I saw her December 7th she was quiet and in a semi-stuporous condition. She kept her eyes open, seemed to notice everything that went on about her, but remained absolutely silent, refused nourishment and would not permit her bowels or kidneys to act. The blood test and Wassermann reaction were negative. Upon feeling the radial pulse I discovered a nodule larger than a pea on her wrist. It was immovable and evidently was an exostosis of the radius. Upon closer examination many similar nodules were found on other parts of the body bones.

The patient continued to lie in a semi-comatose condition for a period of three months, during which time she would take nourishment, she would keep her eyes open during the day and would sleep at night. She remained absolutely mute during this entire time. Then suddenly one day she aroused and said she wanted to see her aunt. From that time she began to say a few words and to gradually take notice of things and persons about her. She steadily improved and recovered in about eight months. She is still in a normal state of mind. The different attitudes this patient assumed at times, together with the amount of mental deterioration which she presented at various periods, led me to make the diagnosis praecox of the catatonic type.

Renal Stone in a Child.

Reported by Ben Carlos Frazier, Louisville, in the Kentucky Medical Journal.

October 12th, 1918, I was asked to see a girl twelve years of age who was suffering with severe abdominal pain. Not being able to visit the patient promptly, the mother telephoned the second time saying the child was suffering so intensely that I had better come at once. Upon arrival I found the child writhing in pain. The mother had applied a hot water bottle and also a turpentine stupe to the abdomen but no relief was obtained.

The child was very restless and complained of intense pain in the left side which radiated toward the umbilicus; occasionally she felt a twinge of pain deep in the left pelvis. Within a few minutes after I arrived she seemed perfectly easy and began to talk quietly. I was about to leave when she had another severe paroxysm, crying and screaming because of the pain. I tried in every way to quiet the child and being unsuccessful finally gave her 1-16 grain of morphine which had no effect whatever. She continued crying and after waiting forty minutes I gave her 1-8 grain morphine and she finally became quiet. This was about ten o'clock in the morning. During the afternoon the mother telephoned that the patient seemed to be suffering worse than ever and asked me to come immediately. I saw her within an hour and again found her crying and screaming, and at once administered 1-4 grain of morphine, after which she passed a fairly comfortable night. The next morning, however, pain returned and I then made a diagnosis of renal stone. After a brisk purge and high enema of saline she remained quiet for several hours.

I gave this child from 1-4 to 1 1-2 grains of morphine every day for the next five or six days, and finally took her to the hospital for roentgenoscopic examination. Morphine 1-4 grain was administered before leaving the house, and she had received a similar dose four hours previously. She complained of no pain on the way to the hospital. X-ray examination of the kidneys and bladder was negative. However, at that time there was a large amount of gas in the intestine. Calculi were sought for in the voided urine but none found. She was taken home the following day and there have been no further attacks of pain.

I report this case principally because of the large quantity of morphine which had to be administered to secure freedom from pain. I have never before seen a child and but few adults who could take such tremendous doses

of morphine. She showed no coma nor stupor at any time and was able to talk intelligently; her pupils were contracted; she passed only a small amount of urine for four or five days and had to be catheterized while in the hospital; her abdomen remained flat throughoutfl I do not believe there was any question about accuracy of the diagnosis of renal calculus.

I have seen quite a number of cases of renal stone in children of both sexes. The most interesting case I ever had was in a girl five years old who passed fifteen small stones by the urethra. There was so much destruction of renal tissue that she had pyelitis for several months but finally recovered.

Abstracts from Medical Journals.

New Sign of Hereditary Syphilis in Children.—Dr. D. Tanturri, in La Pediatria, describes a sign which he considers pathognomonic of hereditary lues, namely a serration or saw edge condition of the arch of the soft palate and of the sides of the uvula. There is no change in the color of the mucous membrane and the condition is always bilateral.

Treatment of Early Stages of Syphilis.—Dr. Hiram R. Loux says that the early diagnosis of syphilis would do much to prevent the rapid invasion and frightful sequellae of this disease. We are all convinced that there has been a percentage of cure by control. With the arsenical preparations we find that we have a remedy more speedy in its control possibly than is mercury. Excision of the sore does not prevent constitutional manifestations, but under careful examination the spirochetes are revealed and I feel it important that the general practitioner should be adequately equipped to make these examinations for early diagnosis. The State and municipal laboratories are available for the benefit of patients who cannot pay for laboratory examinations, and if the profession at large could be induced to exercise particular care in these studies the proportion of the sequelae of syphilis could be greatly reduced. I do not believe that we do justice to our patients unless in our examinations we check up results in both the cerebrospinal fluid and blood tests. In the treatment of early syphilis there should be mapped out a regime of treatment as in tuberculosis. Why, for example, should one who has acquired syphilis be allowed to go about at will? Since we know that in early syphilis the use of alcohol often destroys the effect of treatment, why should it not be prohibited? Also, the labor of the patient should be regulated that his strength may not be overtaxed. The small and frequently repeated dose of salvarsan I have found to give better results than the large dose.

Tonsillar Infections as a Source of Systemic Disease.—Dr. James J. King, in Medical Insurance and Health Conservation, says that focal infection is the most important subject before the medical profession today. The tonsils from their location in the oral cavity and their histological structure are the most frequent site of these infections. Treatment consists in eliminating the infecion and this is best done by the administration of an autogenous vaccine three times a week until all bacterial activity has stopped, followed by enucleation of the tonsils unless there be some contraindication. Foci of infection, especially in the tonsils, should be searched for in all patients, especially those afflicted with cardiac lesions, arthritis cervical adenitis, goitre, and lesions of the nervous system often attributed to neurasthenia.

Causes of Influenza.—Prof. Sahli, in La Presse Medicale, denies that the organisms commonly found in grippe are the causes only of secondary lesions. He would see a symbiosis more or less accidental between the pneumococcus, streptococcus, Micrococcus catarrhalis, Pfeiffer's bacillus, etc. All have been recovered from the nasopharynx and the depths of the lungs. The last named organism is known to give the best cultures when it is associated with the others quoted.

Ptomain Poisoning—The Boston Medical and Surgical Journal, in an editorial says: It is interesting to note that in Europe the diagnosis "ptomain" poisoning is seldom made and the use of the word "ptomain" in any connection is very rare and quite guarded. On the other hand, in this country, the term has gained a most popular and unwarranted usage. The layman uses it for all acute gastro-intestinal attacks, especially if these are traceable in any way to canned foods. In the eyes of the profession, such a diagnosis is becoming, as Jordan so aptly puts it, "a convenient refuge from etiologic uncertainty." It seems worth while here to call attention to the study of this question which is being conducted in the Department of Preventive Medicine and Hygiene at the Harvard Medical School. During the year and a half that these studies have been in progress no ptomains have been discovered which are capable of causing gastro-intestinal or other symptoms. Also, in all cases where the diagnosis "ptomain" poisoning has been investigated, in not a single instance has it been found to be based upon fact. In the opinion of these investigators such a diagnosis lacks precision and ought rarely, if ever, be made.

Plasmotherapy in Influenza.—Drs. A. Grigant and F. Moutier, in Presse Medicale, report that they observed that intravenous injection of blood plasma from a convalescent patient accelerated immunization of the system in influenza and brought about an early crisis, provided the treatment was applied at the beginning of the influenza infection. Where used late in the disease, on the other hand, the treatment had no effect—as though at this time the body was not able to utilize the immunizing substances supplied to it any more than it had previously been able to bring about a crisis spontaneously.

Effect of Dry Heat on Resistance to Cancer.—Drs. James B. Murphy and Ernest Sturm, in Jour. of Experimental Medicine, say they find that mice whose lymphocytes have been stimulated by dry heat develop a higher resistance to transplanted cancer than control mice inoculated with the same tumor, while the general health of the animals is not affected. These experiments, carried out on over 100 mice,

strengthen the authors' belief that the lymphoid elements are an important link in the process of so-called cancer immunity.

General Peritonitis Following Purulent Appendicitis.

Drs. Hagebroeck and Kornder, in the A. M. A. Journal, conclude a paper on this subject as follows:

In the treatment of this type of appendicitis, it is of paramount importance to establish free drainage in order to encourage the discharge of pus and infective fluids from the abdominal cavity. If this is insufficient, and drainage ceases owing to a dry peritonitis so common in intestinal obstruction and paralysis, then the latter must be relieved by the performance of an enterostomy. It is our conviction that it is not the appendicitis or even the peritonitis, per se, that kills, but rather that it is the toxins which these have caused to accumulate in a gangrenous and paralyzed bowel. Relieve that, and the reward will be the restoration of life and health to the patient in a large percentage of so-called hopeless cases.

A New Incision for Appendectomy.

Reported by Dr. Leigh F. Watson, Chicago, in the Kentucky Medical Journal.

The number of incisions that have been brought forward for appendectomy time to time, show that no one incision is adapted to all cases. Many writers have noted that in the cadaver the base of the appendix is found at McBurney's point, while in the living subject it is below this point, usually on a level with the center of Poupart's ligament. A number of operators have called attention to the ease with which the appendix can be removed when operating for right inguinal hernia. Since 1910, I have used a new incision, with its center over the base of the appendix, and believe that in many cases it is an improvement over those in general use.

Incision: A point one and one-half inches from the right anterior superior spine, on a level with a line connecting the two superior spines, is selected for the beginning of a vertical incision, which extends directly downward for two or three inches to a point just above, and to the inner side of the internal abdominal ring.

Advantages: Traction to expose the appendix is avoided, because this incision, in the external oblique and its aponeurosis, the most resistant structures, is directly over the base of the appendix. It can be enlarged without weakening the abdominal wall. The ilio-hypogastric and ilio-inguinal nerves are not injured because the incision lies between them. Because this incision is made over the cecum, the small intestines do not crowd into the wound as they do when the McBurney and lateral rectus incisions are used.

Criminal Tendencies of the Defective.—We are able to predict that with the exception of the lightest grade cases of dementia praecox and the higher grades of the feeble-minded, who make up the occasional criminal, hypermorons, that the others are all marked for slaughter; that they cannot adjust themselves to a normal environment.—Hickson.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

The regular meeting of the society was held April 11th at 8.30, at Hotel Chalfonte.

Dr. Clyde M. Fish, Pleasantville, N. J., presented a most interesting case of pneumothorax. The rupture occurred March, 1917, and yet at this time, two years later, the patient is still able to pursue his occupation.

"Research and the Laboratory Diagnosis of Tuberculosis" was the subject of a paper by Dr. Paul A. Lewis, Philadelphia. Use of tuberculin as a diagnostic test has never been fully developed on account of the degree of danger attending its use in private practice. It is useful in hospital work.

Recently a complement deviation reaction method has been developed, which is parallel to the Wassermann test for syphilis, but the deductions based upon it are not so sound as those based upon the Wassermann reaction. The laboratory is most useful in differentiating tuberculosis from blastomycosis, aspergillosis, saccharomycosis, streptothricosis, and actinomycosis, the clinical symptoms of which closely simulate tuberculosis.

Dr. H. R. M. Landis, Philadelphia, followed with a paper on "The Importance of the Etiology of Tuberculosis from the Viewpoint of Diagnosis." He emphasized two prodromal symptoms: hemoptysis (physical signs absent), and pleurisy. Early diagnosis is of the utmost importance. X-ray diagnosis in early cases is not reliable, although a great many x-ray men do not agree with this view.

As to etiology: Heredity has been discarded, although Dr. Landis believes it is a factor.

Contact, which may occur in two ways—an individual with another case, or through milk. Infection in early life. Some claim that all are infected, but many are strong enough to resist. There are two periods of highest mortality—between two and three years, and in the third decade.

Lack of sanitation, improper housing conditions. Cases recurring again and again in the same house prove that infection does occur in adult life.

Insufficient food, insufficient sleep, pregnancy, business worries; in fact, anything that lowers resistance is a factor in the indirect etiology, the direct cause being the tubercle bacillus.

BURLINGTON COUNTY.

H. Eugenia Whitehead, M. D., Reporter.

A regular meeting of the Burlington County Medical Society was held at the Metropolitan Inn, Burlington, on Wednesday, April 9th, at 2.30 P. M.

Dr. Emma Weeks Metzer, in charge of the Section on Practice of Medicine, announced the following program, which was observed:

"Treatment of Acute Inflammation of the Upper Respiratory Tract," by Dr. Margaret F. Butler of Philadelphia, Pa. (We are promised this paper for insertion in our Journal.—Editor.)

"A Study of Migraine," by Dr. Mary P. S. Rupert of Philadelphia.

Reports of interesting cases were presented. Dinner was served at 3 P. M.

CUMBERLAND COUNTY.

Elton S. Corson, M. D., Reporter.

The Cumberland County Medical Society met at the Commercial Hotel, Bridgeton, Tuesday, April 8th, at 2 P. M.

No meetings were held in October and January owing to the influenza epidemic. President Kauffman and the other officers of last year were requested to remain in office until the annual meeting in October next.

Resolutions endorsing the work of the Defense League in caring for babies, and the Assembly Bill concerning the curtailment of venereal disease were passed.

Prof. John M. Fisher of Jefferson Medical College, Philadelphia, delivered the address on the subject of "Leucorrhea." This address was especially helpful to the general practitioner. The symptoms and pathology of each part involved was carefully described. He especially emphasized leucorrhea dependent on gonorrhea. He stated in some cases gonorrhea is never cured, and cited a case where infection had occurred fifteen years after the patient had been pronounced cured. The inspection of prostitutes he pronounced a farce, for the gonococcus may be hidden in the glands and reappear on proper provocation.

Dr. A. G. Sheppard, captain M. C., honorably discharged, was elected a member.

MIDDLESEX COUNTY.

Charles J. Sullivan, M. D., Reporter.

The regular monthly meeting of Middlesex County Medical Society was held April 16th at Perth Amboy City Hospital in the nurses' home.

Dr. Judson G. Cottrell of Perth Amboy was elected a member.

A resolution was passed extending congratulations to Dr. Thomas H. Tomlinson of Plainfield on the 60th anniversary of his practice of medicine, who was to be given a dinner by the Clinical Society of that city this evening in honor of the event. Further business was suspended and the members present listened to a very instructive paper by Dr. Edgar A. Ill of Newark. After discussion, a unanimous vote of thanks was extended to Dr. Ill and the meeting adjourned. Those present were Henry, Silk, Meinzer, McCormick, Fithian, Coble, Hofer, Howley, Smith, Sullivan and Forney.

Local Medical Societies.

SUMMIT MEDICAL SOCIETY.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club on Friday, May 2, 1919, at 8.30 P. M., Dr. English entertaining and in the chair.

Present—Drs. Bowles, English, Jaquith, Keeney, Krauss, Lamson, Lawrence, Moister, Pollard, Smalley and Wolfe.

The paper of the evening was read by Dr. E. Reissman of Newark on "X-ray Diagnosis and Diseases of the Chest." The paper was illustrated by lantern slides, showing the different lesions found, and the importance of such a means of diagnosis was very forcibly impressed.

PLAINFIELD CLINICAL SOCIETY.

Dr. Tomlinson Honored.

The Plainfield Clinical Society gave a dinner on the evening of April 16th at the Elks' Club in honor of the anniversary of sixty years in the practice of medicine by Dr. Thomas H. Tomlinson of that city. In spite of a pouring rain more than fifty guests gathered in the grill room of the club, where they were served with a splendid dinner.

The toastmaster, Dr. Ellis W. Hedges, after welcoming the guests, called attention to the fact that just sixty years ago, to the very hour, Dr. Tomlinson received his medical diploma from the University of Pennsylvania and had practiced medicine ever since—a longer time so far as we know, than any other physician in the State had done. He had endeared himself to his medical brethren and to the community by his uniform kindness and graciousness, by his useful, unselfish life and by his devotion to every good cause in the city and state.

He said the doctor was still strong in body and mind; could today outwalk the great majority of them. He attended all the medical meetings and took part in the discussions, and though eighty-two years old, would stay up as late as the rest at these gatherings and get up next day brighter than most of them. He kept up with the progress of medicine and bid defiance to his age. He had taught all his brethren how to grow old gracefully and triumphantly; was free from all the drawbacks which make us so dread old age and was an example to everyone of cheerfulness and grit and energy.

Dr. Frank C. Ard was called upon to respond to the toast of "How to Grow Old," and after paying a feeling tribute to Dr. Tomlinson, advised his hearers to save up their money in the early years of practice, before they were fifty by making wise investments and avoiding the get-rich-quick plans. Then to travel, rest and play golf. He urged them to spend part of the winter in Florida, which he described as a beautiful land of sunshine and flowers, and by thus alternating work and play, to live way beyond the allotted span of life.

The toastmaster then spoke briefly of the advantages, such as comparative freedom from attacks of grip, appendicitis, typhoid and diabetes, but the positive advantage of gentler judgments, of changing but ever absorbing ideals; of the vast array of happy memories an old man can conjure up to cheer him, and referred to Joseph Choate's remark that no one really had a good time till he was seventy years old. He then called upon—

Dr. B. Van Doren Hedges, who, as Dr. Tomlinson's physician, told how the doctor's earliest history had been prophetic of his future life, especially his strong temperance proclivities. Dr. Hedges declared that he was present at Dr. Tomlinson's birth and that he was kept waiting thirty-six hours for the youngster to appear and the reason for the delay was a dry birth. Three months later his mother's milk gave out and he attempted to put the babe on the bottle, but he would have none of it. He shoved the bottle away and absolutely refused to take it, and only a wet nurse satisfied him. Other childhood traits were told, but of the period from fifteen to twenty-one he was ad-

vised by his lawyer that if he told what he knew he would be liable to a suit for damages, so he has to keep still about it.

Dr. C. B. Lufborrow followed with an interesting account of his life in the U. S. Army camps in this country, giving some pathetic and many humorous instances of what happened to the doctors in khaki. He too expressed his high regard for Dr. Tomlinson and attributed the doctor's remarkable health and vigor to his habit of walking which he compared to the setting up exercises and drill required of enlisted officers.

Dr. W. H. Murray followed with some reminiscences of his earliest association with Dr. Tomlinson and told how, when he came to Plainfield, the doctor received him kindly and courteously and was ever ready to lend a helping hand, whether in consultations or otherwise. He emphasized the doctor's sterling character, his devotion to the best ideals of medicine, his strict adherence to the code of ethics and his generous treatment of all new comers in the medical field.

Allusion was made to the doctor's good fellowship at social medical gatherings and an unsuccessful attempt was made to impeach his temperance record on certain circumstantial evidence that was produced.

Corporation Counselor Charles A. Reed, in a happy vein, spoke of the carefree life of doctors and contrasted it with the hard work lawyers had to do. He reviewed the life work of Dr. Tomlinson and declared that to have lived and worked and loved as he had done was after all what made life worth while.

Dr. George F. Gracie, formerly of Plainfield, now of Belleville, Pa., told in a vivid and fascinating way of his experiences as a medical officer in France and maintained that, while his adventures abroad were interesting and novel, that the United States was the only place in which to live and that he was heartily glad to get back.

Dr. D. C. English of New Brunswick, who a year ago celebrated the fiftieth anniversary of the beginning of his practice of medicine there, was then introduced. He said he preferred to change the question—how to grow old—to How to Keep Young, and gave some of the conditions he believed had enabled Dr. Tomlinson to keep young and vigorous. He referred to his coming from grand old Cumberland County, where they had raised great doctors—Dr. George B. Wood, the eminent professor and author; the Elmers, Batemans, Brewsters, Tomlinsons, Ewings and others, from eight families came 32 doctors, only 8 whom are now living. Then Dr. Tomlinson came to good old Plainfield, which was protected by beautiful hills and good strong Hedges. Then he noted that a few weeks ago he celebrated his golden wedding anniversary, so that a good wife long spared to him had greatly helped to keep him young. The doctor's temperance and his walking habits were also referred to as contributing to long life. Dr. English expressed the hope that all present would be spared to congratulate Dr. Tomlinson on his 75th anniversary of the practice of medicine and he closed by reading the resolution adopted that afternoon by the Middlesex County Medical Society congratulating Dr. Tomlinson on his long and prosperous medical practice.

Dr. Tomlinson, with much feeling and emotion, thanked the Clinical Society for their remembrance of him; and also the speakers for all the kind things they had said, and said that he was greatly touched by the expression of friendship and affection shown him on this occasion. He said in part as follows:

Looking back sixty years and noting the prominent events occurring from day to day, or even from year to year in a busy practice, would unfold a history covering volumes.

I have recorded some of the more important ones, and with your consideration will present them. Graduated from the University of Pennsylvania, April 16, 1859, sixty years ago to-day, in a class numbering one hundred. As far as I can ascertain only two are living—Dr. Woodhull of Princeton and myself. Dr. Woodhull entered the regular army as surgeon, serving through the Civil and Spanish-American wars, and was detailed as medical director in the Philippines. His impaired health prevents his presence here on this occasion.

Owing to the earnest solicitations of my father, who had been burdened with an extensive practice for one-quarter of a century, I associated myself with him in Cumberland County. This was just prior to the Civil War. Soon after the war had commenced, I received a commission from Governor Olden as surgeon of a New Jersey regiment. Sickness and death in my family prevented my accepting the appointment.

Diseases prevalent from 1859 to 1869 were: Diphtheria, scarlet fever, typhoid fever, intermittent fever, cholera-morbus, cholera-infantum, sporadic cases of Asiatic cholera (originating from shipping in Philadelphia), smallpox epidemic about the close of the Civil War, pneumonia, puerperal fever, tuberculosis, peritonitis (95 per cent. probably due to appendicitis).

Therapeutical Remedies: Calomel and jalup, blue mass, senna and salts; rhubarb, ipecac, squills, tarter emetic, quinine, iodide of potassium, Jersey lightning, blood letting, general by venesection; local by scarrification, cupping and leeching, counter irritation by mustard and cantharides ointment.

Ovarian Cysts: These cysts were treated by puncture with trocar and canula.

Professional Men: The professional men I had the privilege of association with in Cumberland County were of excellent character and well versed in medicine. Men who were prominent in our State Society: Elmers, Batemans, Fithians, Potters, Bowen and others. Their memory has always been dear to me.

Plainfield: In 1870 I came to Plainfield: found eight doctors and three dentists. All have passed to the Great Beyond with the exception of Dr. Frank S. Wells whose health prevents his presence with us this evening. Dr. Sutphen, who graduated with me in 1859, was one of the eight practitioners and gave me a royal welcome.

Plainfield at that time had been an incorporated city for only one year; population eight thousand, no telephone, no electric light, no water plant, no sewerage, no trolley, railroad not elevated, no hospital. In 1875 the matter of establishing a hospital was agitated, which resulted in securing a charter from the State. Job Male, then mayor, donated a lot. Subscriptions were circulated for money and a

building was erected containing two wards, reception room, operating room, three bedrooms, kitchen and diningroom. A woman superintendent who served as nurse and housekeeper. Medical and surgical staff of six. The demand for private rooms became so pressing, and the need of an extra room for clinics, we were obliged to build an annex to meet these requirements. An improved operating room was added to the original structure. The growth of the city and surrounding country soon caused such a demand for hospital treatment, that our facilities were inadequate, which resulted in raising money and establishing a new hospital. We now have a hospital in most particulars not second to any in the State.

For the success and growth of Muhlenberg Hospital we are greatly indebter to the Board of Governors and the Woman's Auxiliary Board.

It has been my privilege to be on the medical staff from the beginning, and for thirty years as attending physician. I have enjoyed the work and my fellowship with the members of the staff has been pleasant. The work of an attending physician or surgeon in a hospital of some pretention means labor, responsibility, sacrifice, but in all this comes compensation. About twenty-five years ago there was conceived in and delivered by Dr. Murray an infant in our midst which was christened and named Plainfield Clinical Society, which has grown in popularity and its name and fame will be written on the pages of history. It is composed of men of sterling qualities of mind, of heart and personality. This society was constituted for the mutual betterment of our professional attainments, in having monthly meeting for reports of interesting cases and discussions thereon and a paper by a member or from a specialist. Matters pertaining to the affairs of the nation, state, city; woman suffrage and prohibition were frequently discussed. On some of these subjects I was on the side of the minority; but my opinions were always treated with respect, and in some of these matters, the handwritting on the wall as now seen, gives me great satisfaction. On one subject we were all of one mind and that was to uphold democracy and to crush autocracy. In this connection it affords me great pleasure to note the unanimous and unqualified support given by our men in this community as well as throughout the state in the world war.

In conclusion you ask a practitioner aged eighty-two, and of sixty years in continuous service, what are your conclusions and advice? My reply is keep at it; do not think of retiring at fifty or sixty or seventy, if you are in good mental and physical health.

Dr. Osler did a good service for the unemployed when he declared that at sixty we should be chloroformed. It led to wide and universal discussion and developed the fact that the best work in every department of human endeavor is done by those over fifty. Keep abreast with the various improvements and discoveries being made in every department which adds to efficiency in relieving suffering and prolonging life. Be hopeful and full of good cheer. Play with your children and grandchildren. Play golf. Have a small garden plot in which you can work. Walk more. Drink more water and cut out the booze.

I fancy if King David made his appearance at this time and held a conference with the specialists now present, he would call for his Bible and turn to Psalms 90, verse 10, where it is written the span of life is three score and ten, he would erase this and substitute five score years.

I thank you gentlemen for your great kindness and say that when at your one hundredth birthday your summons come to join the innumberable throng moving to the Great Beyond, I shall consider it a joy unspeakable to welcome you into the Golden gate, to the city of the New Jerusalem.

Those present were Doctors W. H. Murray, Edward S. Krans, D. C. Adams, Ray Munger, W. H. Anthony, Albert Pittis, A. F. Van Horn, Raphael Yood, B. VanD. Hedges, Marcus L. Clawson, P. B. Cregar, Ellis Campus, Thomas D. Blair, F. C. Ard, W. B. Gray, Ellis W. Hedges, J. E. Runnels, L. D. Henn, C. B. Lufburrow, J. H. Carman, T. H. Tomlinson, H. V. Hubbard, Edward Rushmore, H. D. Corbusier, A. H. Dundon, N. W. Currie, P. J. Zeglio, George F. Gracie and A. K. Brennan of Plainfield; Drs. Sinclair, Harrison, Decker and Kinch of Westfield; Drs. Platt, Longbothum, Nelson, of Dunellen; Drs. Stillwell, Ely, Flynn of Somerville; Drs. Hunt, Lippincott, Hofer of Metuchen; Drs. English and Donohue of New Brunswick; Dr. Fisher of Bound Brook; Drs. Cladek and Hoagland of Rahway; Dr. Rolland D. Tomlinson of New York City, and the following dentists from Plainfield: Drs. Geddes, Whitford, George T. Moore, F. S. Wells, Frank T. Clawson and Stelle. Other guests included Frank J. Hubbard and S. D. Lounsbery, president and vice-president of the Board of Governors, Muhlenberg Hospital and Corporation Counsel Charles A. Reed.

Meetings of Other Societies.

Medical War Veterans' Organization.

A temporary organization of the New Jersey Council of the Medical Veterans of the World War was effected at Trenton April 29 by the election of Dr. Henry B. Costill of Trenton as president and Dr. Joseph McDonald of East Orange as secretary-treasurer. The newly elected president was authorized to appoint committees on membership and nominations and the drafting of a constitution and by-laws. The temporary organization will remain in effect until the meeting of the parent body, the Medical Veterans of the World War, to be held in Atlantic City June 13. Members of the medical profession who served on exemption and advisory boards appointed by the President and Governor are eligible to membership in the organization. Also all members of the profession who served in any capacity in the army or navy are also eligible. Invitations will be sent out to all medical men who served the government during the war with a view of having them become affiliated with the organization.

Buffalo Academy of Medicine.

Dr. E. C. Rosenow, chief bacteriologist of the Mayo Clinic, Rochester, Minn., delivered a lecture on the Pathogenesis of Focal Infections with Special Reference to Oral Sepsis, at a

special meeting of the Buffalo Academy of Medicine, held Tuesday evening, March 4th, in the academy rooms. The lecture was illustrated with lantern slides demonstrating the location of bacteria from caries, dental pulps, and alveolar abscesses. Bacteriological and clinical findings in illustrative cases and the results from the removal of dental foci were shown, also the mechanism of dental infections in relation to the removal or devitalization of teeth. Fundamental principles based on clinical and experimental findings which would serve as guides in various dental procedures were considered.

New York Academy of Medicine.

At a stated meeting of the New York Academy of Medicine, held Thursday evening, March 6th, the evening was devoted to a consideration of the problem of functional re-education of the disabled soldier. Dr. W. Gilman Thompson, chief of the Functional Re-education Clinic in New York, spoke of the problem as related to the French and American soldier. Major H. Tait McKenzie, director of the Department of Physical Education University of Pennsylvania, discussed the problem in connection with the British soldier. Lantern slides were used to illustrate the two addresses.

World Health Conference Called by Red Cross.—Colonel William H. Welch, director of the School of Hygiene and Public Health, established by the Rockefeller Foundation in connection with the Johns Hopkins University, has sailed for Cannes, France, to attend a health conference called by the International Red Cross, at which the allied nations will be represented. This conference is preliminary to a general conference of the International Red Cross which will be held at Berne, Switzerland, one month after the peace negotiations have been finally consummated. At the Cannes conference delegates from only the United States, England, France, Italy and Japan are likely to attend.

Conference on Hospital Standardization.

On April 21, at the headquarters of the American Medical Association, Chicago, a conference was held of representatives of eight organizations interested in the development and standardization of hospitals. The organizations and their representatives are as follows: American Medical Association, Dr. Arthur Dean Bevan; the American Hospital Association, Dr. A. R. Warner; the American College of Surgeons, Col. Franklin H. Martin; the Association of American Medical Colleges, Dr. Fred C. Zapffe; the Catholic Hospital Association, Dr. B. F. McGrath; the American Nurses' Association, Miss Clara D. Noyes; American Association of Hospital Social Workers, Miss Edna G. Henry; Federation of State Medical Boards of the United States, Dr. Walter L. Bierring.

It was decided to organize an American Hospital Conference to be made up of two representatives of each of the organizations above named and two each also from the American Association of Industrial Physicians and Surgeons and the medical departments of the United States Army, Navy and Public Health Services, altogether twenty-four members. An executive council of three members was created to have in charge the formulation of standards, constitution and other essentials which will be presented at the first meeting of the conference which it is planned will be held in connection with the annual meeting of the American Hospital Association in September. A second meeting will be held in connection with the annual conference of the Council on Medical Education to be held in Chicago in March, 1920. The members appointed on the executive council were Dr. A. R. Warner, chairman, Cleveland; Dr. John M. Dodson, Chicago, and Dr. Walter L. Bierring, Des Moines, Iowa. It is believed that through this hospital conference any standards prepared for the measurement of hospitals will meet the needs of all the various factors now interested in the development and standardization of hospitals.

Academy of Medicine of Northern New Jersey.

All meetings in the Board of Health Auditorium, corner Plane and William streets, at 8.45 o'clock P. M.

Stated meeting May 21st. After regular business, papers will be read by Dr. Harry B. Epstein, the retiring president, and by Major Karl W. Ney of General Hospital No. 3, Colonia, the latter on "Neurological Surgery and Its Development in the Present War."

The Section on Eye, Ear, Nose and Throat will meet May 12. After reports of cases, Capt. H. J. Howard, M. C., U. S. A., will read a paper on "The Distinctive Pathological Features of Tuberculosis, Syphilis and Sympathetic Inflammation of the Eye," illustrated.

The Section on Medicine and Pediatrics will meet May 13. After case reports, Dr. Fletcher F. Carman will read a paper on "Ulcer of the Stomach."

The Sections on Surgery and Gynecology, and on Obstetrics will meet May 27. There will be reports of cases and a paper, subject and author to be announced later.

JUNE MEETINGS IN ATLANTIC CITY.

The American Medical Association, June 9-13, 1919.

The American Medical Editors' Association, Fifitieth, June 9 and 10, 1919.

The National Conference of Social Work, June 1-8, 1919.

Congress of American Physicians and Surgeons, June 16 and 17, 1919.

At Spring Lake—New Monmouth Hotel—The Medical Society of New Jersey, June 24 and 25, 1919.

Nice is the greatest American Resort in Europe. More Americans gather there during the season than in any other European pleasure center. In 1890 Nice was a place of 60,000. It now has 175,000. No city in France has had such a percentage of increase during the past century, and this unprecedented growth can be attributed almost wholly to the American patronage.

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Each member of the State Society is entitled to receive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—
All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to The Editor.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal are sent direct to The Chairman of the Publication Committee.

Do not forget that the

153rd ANNUAL MEETING

of the

Medical Society of New Jersey

will be held in the

NEW MONMOUTH HOTEL
SPRING LAKE

June 24th and 25th

OUTLINE OF THE ANNUAL MEETING PROGRAM.

TUESDAY, JUNE 24th.

The House of Delegates will meet at 10 o'clock A. M.; also at 2.30 P. M.

General Session at 3.30 P. M. Papers by:

Dr. Joseph Sailer, Philadelphia, on "Value of the Electro-Cardiograph."

Dr. Wells P. Eagleton, Newark, on "Certain Aspects of Abscess of the Brain."

Dr. Hyman I. Goldstein, Camden, on "Gonococemia and Metastatic Gonorrhœa."

General Session at 8 P. M. Address by the President, Dr. Thomas W. Harvey, Orange.

Oration in Surgery by Major Elsworth Eliot Jr., M. D., of New York City.

Reception to our returned Army and Navy Medical Corps members, with brief addresses.

WEDNESDAY, JUNE 25th.

The House of Delegates will meet at 9 A. M.

General Session at 10 A. M. Papers by:

Major Martin J. Synnott, M. D., Montclair, on "The Medical Service in a Base Hospital." Discussed by Majors A. F. McBride of Paterson, and R. H. Hunt of East Orange.

Dr. Henry P. DeForest, New York City, on "Raynauld's Disease."

Dr. Augustus S. Downing, LL. D., Albany, N. Y., on "Annual Registration of Physicians."

At 2.30 P. M., meeting of the House of Delegates. Election of Officers; Unfinished and Miscellaneous Business.

At 3.30 P. M., General Session.

Address by the Third Vice-President of the Society, Henry B. Costill, M. D., of Trenton.

Oration in Medicine by Dr. Thomas McCrae of Philadelphia.

At 8 o'clock P. M., Annual Banquet with addresses.

The Board of Trustees will meet in the New Monmouth Hotel on Monday evening, June 23rd, at 8.30 o'clock P. M.

Early application should be made for rooms to the manager of the New Monmouth Hotel, Spring Lake, in order to secure satisfactory accommodations, as a large attendance is expected and the hotel authorities wish to do their best to make for our comfort and pleasure.

Plan to attend—You can't afford to miss it. Bring the ladies of your family with you.

The presence of the members of our Society who have served in the Medical Corps of the U. S. Army or Navy is earnestly desired, not only that we may welcome them home and honor them for their devotion to our Country and to suffering humanity, but that we may also catch somewhat of their spirit of devotion and enthusiasm in the work of our Society and our profession which are also worthy of our best thought and devoted service.

It appears to me that the medical profession is now entering upon the greatest phase of its history in the development of the science of preventing the plagues that afflict humanity, and it is certain that in the pursuit of this blessed work physicians will win such overwhelming popular approval as to still the voice of the scoffer.

Nathan Straus to the *Medical Review*

STATE EXAMINING BOARDS.

The A. M. A. Journal of April 19 was designated as the "State Board Number," containing the statistics of the examining boards of the various States. We gather the following facts therefrom. Table D, page 1148, gives a list of the medical colleges not recognized by the various State Boards; 22 are not recognized by the New Jersey Board. It will be wise for young men who decide to become physicians to consult this table in choosing the medical college they attend, if they wish to obtain licensure from our State Board. 93 medical colleges are reported with the following ratings: Class A, 69; Class B, 12; Class C, 12.

Statistics based on examination held by State licensing boards show that 3,637 candidates were examined during 1918 of whom 13.3 per cent. failed. Of those examined, 2,989, or 82.1 per cent., graduated during the last five years (1914-1918 inclusive) and of this number only 9.3 per cent. failed. There were 479 candidates examined who graduated in 1913 or previous years and of these 30.5 per cent failed. Of the 2,807 students who graduated from the medical schools in the United States in 1918, 2,146, or 59 per cent., took examinations for license during the year. Of this number, 5.4 per cent. failed. These figures show that the more recent the graduates, the lower the percentage of failures. This is partly due to the greater ease with which recent graduates can pass the average examination. It also indicates, however, that there has been an improvement in teaching methods. All states except New Mexico require an examination of every applicant unless the candidate already holds a license from some other state. During 1918 altogether 4,185 physicians received licenses; 3,154 by examinations; 59 under exemption clauses and 972 through reciprocity.

In 1918 the New Jersey Board of Examiners examined 17, one of whom was rejected. They were graduated from Maryland, Massachusetts, Pennsylvania and 4 from foreign medical colleges—we note, as exceptional, none from New York Colleges, New Jersey has no medical colleges. There were 101 physicians licensed, however, by the board in 1908—the 16, as above by examination and 85 by reciprocity or on credentials. During the five years, 1914-1918 inclusive, 264 were examined by the New Jersey Board, of whom 226 were licensed and 38 rejected—a percentage of 14.5 rejections.

Forty states have adopted as a minimum standard of preliminary education one or more years of college work in addition to a four-year high school education, and thirty-two of these require two years of college work as the minimum. New Jersey now requires two years.

Since it was organized in 1915 the National Board of Medical Examiners has examined altogether 109 graduates of whom 87 passed and 22 failed, making a total failure percentage of 22.2 per cent. Holders of the National Board's certificates are now eligible for registration without further examination in fifteen states.

SIXTY YEARS IN PRACTICE.

The celebration of sixty years of professional work is a very rare event, especially when it applies to one whose record has been as able as honorable and as ethical as has been that of Dr. Thomas H. Tomlinson of Plainfield. The dinner given by the Plainfield Clinical Society in honor of his sixty years of labor—most of it spent in that city—was eminently proper and the dinner and the speeches were worthy of the occasion.

Dr. E. W. Hedges proved himself an excellent toastmaster and the speakers were at no loss for words of just commendation of the man and his work. The doctor's family and professional record has been remarkable, covering three generations; his father, Dr. Geo. Tomlinson practiced medicine 62 years; his brother, Dr. Joseph, 30 years; his sister, Dr. Sophronia, 30 years—all in Cumberland County, and his son, Dr. Rolland, 19 years in New York State, a total of 201 years. Cumberland County has a record somewhat similar concerning other families—8 of which gave our profession 32 doctors, as referred to in the report of the dinner given elsewhere in this issue of our Journal.

YOUR COUNTY SOCIETY.

The Georgia State Medical Journal truly syas:

The Value of Your Membership in Your County Medical Society will be determined by the amount of interest you personally manifest in its activities

If we neglect the county society our name is Dennis as to any influence in all matters medical or the government of the profession in either State or Nation. * * *

I see that there are no exemptions to the

rule, men who are frequent or constant attendants of their county meetings are more approachable, more ethical, more gentlemanly, and are less inclined to seek or to take the advantage of a brother practitioner, say fewer bad things, and are more apt to say good ones when they should, than the doctor who fails to attend because of trouble, expense, or some fancied slight, usually where there is no earthly cause for same, or, as I have heard of a few, staying away for imaginary prominence it seems to give them. May God help them and especially the little ones who come under their care, for they are sure to be behind their neighbor doctor in everything that relates to the cure or comfort of the sick, and are usually selfish egotists and have not enough tact or talent to see their lack of manhood to give and take in the great battle of life.

Now let's all come and get busy, if not a member get to be one, join us, come regularly, throw in your mite, take away a load of short hand experience that can be found nowhere else. Let's shut out petty jealousies, envies, back biting, clanishness, and useless bragging, (so often without foundation), so that when life is passed we can hear the plaudit, "Well done, thou good and faithful servant, enter into the joys of thy Lord."

—Dr. E. G. Thomas, Benton, Ky.

ANTI-TUBERCULOSIS MEASURES.

In an address, delivered before the recent New Jersey Joint Conference on Tuberculosis, Krause, of the Johns Hopkins Medical School, attempts a review of the anti-tuberculosis movement and indicates how our measures of prevention and control should be supplemented and enlarged so as to square with the shifting point of view that the newer knowledge of the disease of the last ten years has brought us. Not all the diminution in the tuberculosis mortality rate may be ascribed to our intentional efforts. Much is undoubtedly due to the broad social and economic movements that have brought about better living conditions. Since the application of the Pirquet test we have learned that tuberculous infection is practically universal. It is therefore at least questionable whether efforts at prevention and control should be too largely concentrated on the prevention of infection. Infection, of itself, is of comparatively minor importance. It is the development of infection into clinical disease, into manifest tuberculosis—that we are really concerned with and should make every effort to prevent.

Krause pleads for a better appreciation of this phase of the situation and asks for renewed effort for the expenditure of money without let-up, for what amounts to the unremitting and universal education of physicians and laymen in the truths of tuberculosis, and for a broadening and intensification of the work of the National Tuberculosis Association. He concludes: "Nor is there room in the anti-tuberculosis movement for a single note of discouragement. The pessimists among us can be only those who are deficient in grasp and breadth. Civilization and tuberculosis are contemporaneous; the number of the tuberculous and the number of civilized beings are almost co-equal; therefore, to despair of tuberculosis is to despair of civilization. A graft that is as much a part of us as is the development of our ethical sense cannot be lopped off in a day; but it can be kept from flowering and bearing fruit. And until we can wage direct warfare on the germ, to keep it in the seed should be our main purpose."
—Western Medical Review.

CANCER CONTROL.

Cancer is a disease of special interest to women. It has been estimated that between the ages of thirty-five and forty-five, three times as many women as men die of cancer. Between the ages of forty-five and fifty twice as many die. This high degree of death among women is due to cancer of the breast and of the generative organs. It is encouraging to remember that these forms of the disease, like all the other forms, are usually curable by competent treatment in the early stages. Although there is much that we do not know about the cause and cure of cancer, there are enough things that we do know, and on which all medical men of repute are agreed, to enable us to prevent at least 60 per cent. of the 80,000 yearly deaths which it causes in the United States.

The only way in which the ravages of cancer can be checked is by early diagnosis. This early diagnosis can be made only when the patient consults a physician; no physician can possibly seek out and examine people without their requesting it. The people must come to him. Many people says that they do not want doctors examining them, though, curiously enough, they make no objection to the most thorough medical examination if it is for life insurance. Why should they object if the examination is to

preserve their own lives, and not merely to afford means of saving money for the lives of others. They think nothing of going to a dentist once a year to have their teeth examined. Why should they not go and have their bodies examined to see if any serious disease exists, especially after they have reached the cancer age.—Amer. Soc. for Cancer Control.

COMPULSORY HEALTH INSURANCE DIES HARD.

The measure introduced into the legislature of the State of New York providing for compulsory health insurance has been opposed by the Republican members and since the Republican party has a working majority in both the Senate and the Assembly the prospects for its enactment seemed very slight. Its supporters stated that the objections which had been raised to the measure by the members of the medical profession had been met by certain changes, a statement which is not in consonance with the understanding of many thoughtful physicians who realize the danger to the profession inherent in the measure, a danger not to be disguised or remedied by a few verbal changes. According to recent press dispatches there is a sharp division of opinion regarding the measure which may result in a split in the Republican party. A group of women who have been looked upon as Republicans have announced their intention of pushing the bill regardless of party affiliations, should bring to bear all his personal influence in opposition to this measure, the passage of which would be the greatest blow to the standing of the medical profession ever delivered by any single law enacted in this State. The effect of compulsory health insurance on the incomes and status of British and German physicians furnishes a warning by which we should profit.—New York Medical Journal.

I firmily believe that to establish compulsory health insurance would be one of the most serious mistakes that any commonwealth could possibly make, because it would be bound to lower the quality of medical services rendered to its citizens, it would increase loss of working time from sickness, it would throw an enormous financial burden upon the tax-payer, the employer and the employee, it would greatly reduce the incentive to thrift and industry and put a premium on deception, sloth and shiftlessness, and compel the industrious, hard-working, clean living, workman to pay tribute to the untruthful, hazy, shiftless and immoral, and finally, it would have a tendency to take from independence and self-reliance its proper pride and from dependency its salutary shame.—Dr. Edw. H. Ochsner.

CRITICISING THE DOCTORS.

Lately there has been published many sarcastic criticisms of the medical profession, based upon its failure to determine the cause of influenza. Most of this criticism is based upon the failure of the doctors, when some 100 volunteers from the navy offered themselves as subjects for experimentation, part of them at Boston and the others on the Pacific coast. The doctors took these men into hospitals where patients were suffering from severe attacks, caused them to breathe the exhalations from those suffering from the disease, they inoculated them with what was supposed to be the influenza germ and they did everything that they could think of to induce the disease in the sailors. But every one of the subjects persisted in continuing in robust health and not one contracted the disease, which certainly jarred the theory that it was infectious or contagious. One woman sent the following quotation, without comment or signature, on a common piece of scratch paper: "I firmly believe that if the whole materia medica could be sunk to the bottom of the sea that it would be all the better for mankind and all the worse for the fishes. —Holmes Lecture at Harvard Medical School."

The fact that the doctors promptly announced their complete failure to discover the cause of the disease is certainly to their credit. They were more prompt in that announcement than in some of their great successes. They found out what caused cholera, malaria, hook worm, bubonic plague, typhoid fever and many other diseases and to a large extent they have conquered them. The research sections of the profession are still hard at work in an effort to find the influenza cause. They may yet succeed. The latest statistics show that it was the worst scourge that has afflicted the world in centuries.—Western Medical Review.

Since the medical profession is a human institution I cannot doubt it has its faults, both overstepping and shortcomings. But I do not know them. I know no other calling that so faithfully, unselfishly and constantly toils to put itself out of business.

GEORGE W. CABLE, to the *Medical Review of Reviews.*

DON'T "SCRAP" THE CHILDREN.

The human scrap-heap is the despair of the American municipality. It is composed of criminals, invalids, ignorant and unequipped workers, paupers, degenera·es, loafers.

We are beyond the age when this scrap-heap of failures can be charged to the individulas which make it up. It is not a scrap-heap of failures but of failure—the failure of the State to protect children—the pitiful waste in the manufacture of citizens from babes.

Child Welfare is not a fad or a philanthropy. It is the highest form of business and yields the richest returns to the State. —George Fitch.

VICTORY LIBERTY LOAN

"Let's Finish the Job"

Miscellaneous Items.

Kearny Hospital Receives Potrait of Dr. Strasser—A portrait of the late Dr. A. A. Strasser of Arlington, who was medical director of Stumpf Memorial Hospital, Kearny, was presented to the board of directors by Mrs. Strasser at a meeting of the West Hudson Hospital Association last month in the Kearny Town Hall. The secretary was directed to convey to Mrs. Strasser the thanks of the association.

Contagious Disease Hospital Bill Vetoed.

Because it is not in keeping with Chapter 257 of the 1917 laws, Governor Edge vetoed Senate 79, by Senator Edwards of Hudson, authorizing boards of freeholders in first-class counties to appropriate moneys for the construction of a public hospital for the treatment of contagious diseases. The Governor, in his veto, stated that the bill was in the form of new legislation, and authorized freeholders in first-class counties, where there is now or may hereafter be established a county board of health, to appropriate money from time to time, as may be deemed necessary, for the repair, equipment and maintenance of a public hospital for the county for the treatment of contagious diseases. In his veto message the Governor called attention to the fact that this subject had received legislative attention since 1889, and that in 1917 a law was passed placing a limitation upon the amount that might be used for the purpose, so that no more than $7,500 could be appropriated in any one year. "If the only object sought by the present bill," the Governor wrote, "is to remove all limitation upon the amount that may be appropriated each year for maintenance, then that object should be accomplished by amending the law of 1917."

Army Doctors in Homecoming Celebration, Newark.

Having been requested by Mayor Gillen to organize returned medical officers for participation in the homecoming observance of the Victory Celebration and Memorial Committee, Dr. Joseph MacDonald Jr. of East Orange, made a request that all returned medical officers in the vicinity communicate with him at his office. He recently was discharged as a major in the medical corps and was president of the medical officers' examining board for New Jersey.

While a number of the medical officers from this vicinity have been assigned to overseas duty, Dr. MacDonald believes a large number have been retained in this country and assigned to base hospitals, cantonments and camps. It is his opinion that the discharged officers should have a part in the celebration.

Uniforms for Workers in State Institutions.

At a conference of the heads of our State hospitals and correctional institutions, with Commissioner Burdette G. Lewis of the Department of Institutions and Agencies, recently held, several speakers urged that uniforms be furnished employees in the institutions. Commissioner Lewis appointed two committees, one headed by Dr. David F. Weeks, superintendent of the Epileptic Village at Skillman, to consider the plan for hospital, relief and training institutions, and the other with Dr. Frank Moore, to consider the proposal for correctional institutions They will report to the department. Drs. B. D. Evans of Morris Plains and Madeleine A. Hallowell of Vineland and Samuel T. Atchley, warden of the Trenton State Hospital, were present.

Best Nurses Those of Madonna Type.

Dr. G. K. Dickinson of Jersey City, addressed a large gathering of student and graduate nurses in the auditorium of Hoagland Laboratory, Long Island College Hospital. April 16, imploring his auditors to look on their profession rather as a calling and themselves as benefactors, and asked them to work for harmony between doctors and nurses. He said, in part:

"The educational requirements of to-day for nurses all seem rather excessive in some sense. One year of high school, together with the grammar school education, keeps from the profession young girls who want to study nursing, but yet are not sufficiently educated. Aside from that, the requirements are not fair, because a grammar school in New York can be compared favorably with a high school in some Western cities. Following that comes the schooling of the nurse by a three-year course in a training school and hospital work. All this is too much. A law should be made af-

fecting the hospitals and the training schools rather than the girls. What good is it to a girl who has a four-year high school education and studies in a poorly managed and inefficient hospital? This law would help to standardize the hospitals.

"I would much rather have you get away from the term 'profession.' It is so much sweeter to think you are going into a calling rather than a profession. You younger girls might not know it, but there are nurses who will not work more than 12 hours, who will not go out on contagious cases, and who will not go on all-night cases. There are many who do these things—many, altogether too many. You girls should devote yourselves to your duty. You should become self-sacrificing and earnest. The same applies to the doctor. The doctor who leaves his house in the morning thinking how much money he will make that day is not living up to the ethics of his profession. He is not giving the public all he is intended to give and he will never get rich. On your cases give all the help you can. Stroke the brow; smooth the clothes; make things comfortable for the patient. Stay on duty day and night, if necessary. You will never be an Edith Cavelle if you are told by rules what to do and when to do it. To be respected and loved you must be of the Madonna type. There is no reason in the world why there should not be harmony between doctors and nurses. Both professions ought to go hand in hand. If you have any grievances appoint a committee and send it to the State Society."

We take the following from the A. M. A. Journal, inserting it for the benefit of the Elizabeth, Plainfield, Montclair and other golfers in attendance at our annual meeting. —Editor.

EVERY MAN TO HIS TRADE.

When one's playing golf, the gentleman's game,
One plays as he may have been taught.
The results of each drive are not just the same
Nor as straight as one would have thought.

Psychology tells us the real reason why
The ball seldom goes as it's played—
The cause of many a good golfer's sigh
Iis a slip that he's caught from his trade.

The dentist, of course, will draw the ball;
The fisherman hook it to side.
The tailor presses and gets a short fall,
While the doctor slices it wide.

Maine Commission for the Feeble-Minded. —The problems involved in the care, treatment, and ultimate elimination of the feeble-minded are becoming more fully appreciated and investigated. In 1917, the Legislature of Maine appointed a commission to make a thorough study of the conditions within that State. The report of the Maine Commission for the Feeble-minded, assisted by the National Committee for Mental Hgiene, has been published recently.

The survey was limited to an investigation of the mentally deficient. One hundred and sixty-two cases were intensively studied and case records made. Returns were obtained from 164 cities, townships and plantations, and 121 institutions, including almshouses and jails. Estimates of the numbers of the feeble-minded in these institutions were secured from local observers of unusual intelligence, experience, and opportunity for observation. Twelve rooms of public school children and four special groups were given congregate intelligence tests, and three degenerate communities were several times visited in the process of collecting data. The intelligence tests used in the schoolrooms were those of Captain Lyman F. Wells, psychologist of McLean Hospital, Waverley, Massachusetts. The tests used in individual personality examinations were: (1) psychiatrical tests adapted to the determination of the absence or presence and the varieties of mental diseases, (2) searches in the field of intelligence by means of the standard "Terman Tests," enabling a numerical evaluation in terms of intelligence quotient and intelligence age level, supplemented or substituted in the case of adults by unstandardized tests which have been found of value in classifying mentalities of adults, and (3) searches in the field of character by the inductive method; since tests in this field, like those in the field of mental diseases, are not yet susceptible of numerical scoring.

The Commission found that the low-grade feeble-minded group was lacking in all the higher, later developed attributes, such as filial regard, patriotism, altruism, courage, judgment, initiative, foresight, and responsibility. Members of the high-grade feeble-minded group are not obviously feeble-minded. With this class it is more difficult to deal, inasmuch as their better mental equipment enables their greater activity and at the same time enables them to conceal with partial success their mode of life when it is discreditable. Members of both the groups present a great variety and diversity of mental peculiarity and equipment. The cost to the State in 1917 was $87,683, much of which was probably due to the uncontrolled activities of the high-grade feeble-minded. There were found in Maine 1,659, or 2.12 per thousand of population, feeble-minded; it is probable that the higher grade cases of mental defect constitute on the whole a far greater sociologic and economic menace. The number of Maine men rejected for military service because of mental deficiency was 667, and six states have less creditable records than Maine in this respect.

The report of the Commission contains tabulated records of intelligence age level, the age and distribution of the feeble-minded in the State, their earning capacity, and marital condition. Case histories of feeble-minded individuals and families are cited. The recommendations of the Commission emphasize the necessity of formulating definite plans for diminishing feeble-mindedness. Among the more immediate needs are mentioned: education of the public on the problems of feeble-mindedness, the extension of mental clinics, provision for the enactment of a suitable commitment law, increase in the capacity of State institutions for the care of feeble-minded, more intensive teaching of psychiatry in the State medical schools, and the extension of medical inspection in public schools. The report of the Maine Commission for the Feeble-minded reveals conditions which show the importance and necessity of thoroughly investigating and attempting to solve the problems involved in the care of the feeble-minded.

Special War Items.

Honorably Discharged from the Medical Corps, U. S. Army.

Members of the Medical Society of New Jersey.
Adams, Charles F., Trenton.
Birdsall, Clarence A., Jersey City.
Bunnell, F. N., Barnegat.
Carlisle, John H., Passaic.
Chalfant, Harry B., Mullica Hill.
Coleman, Joseph G., Hamburg.
Conroy, John S., Burlington.
Cole, Blaise, Newton.
Cook, Hugh F., Newark.
Dingman, Thomas A., Paterson.
Disbrow, G. W., Newark.
Douglass, John S., Cape May Court House.
Dowd, Ambrose F., Newark.
Draker, Edgar A., Cape May.
Ely, Lancelot, Somerville.
Ewing, Harvey M., Montclair.
Fewsmith, Joseph L., Newark.
Funkhower, Edgar B., Trenton.
Gale, George B., Newark.
Greengrass, Jacob J., Paterson.
Hubbard, Harry V., Plainfield.
Hurff, J. W., Newark.
Janifer, Clarence S., Newark.
Jones, J. Morgan, Jersey City.
Jones, J. Morgan, Jersey City.
Krans, Edward S., Plainfield.
Laird, George S. Westfield.
Lawrence, Wm. H., Jr., Summit.
Livingston, Paul, East Orange.
Lowrey, James H., Newark.
McBride, Andrew F., Paterson.
McCormick, Wm. H., Jr., Perth Amboy.
McKinlay, C. M., Englewood.
Mann, Jacob J., Perth Amboy.
Matthews, Henry E., Orange.
Merrill, Charles F., New Brunswick.
Miner, Donald, Jersey City.
Neare, Clifford R., East Orange.
Nafey, Herbert W., New Brunswick.
Norval, William A., Paterson.
O'Brien, Paul, East Rutherford.
Quinn, Stephen T., Elizabeth.
Rector, Joseph M., Jersey City.
Rich, Henry H., Newark.
Russell, Charles B., Paterson.
Schureman, James P., New Brunswick.
Silverstein, Benj. J., Newark.
Sullivan, Michael J., Englewood.
Sutphen, E. Blair, Morristown.
Todd, Francis H., Paterson.
Was, Francois J. T., Paterson.
Winans, Joseph C., Belleville.

Medical Officers, U. S. Navy, Relieved from Active Duty.

Kaucher, Howard L., Bound Brook.
Kuhl, Paul E., Trenton.
Richardson, Arthur H., Montclair.

Orders to Officers of the Medical Corps, U. S. Army.

Major Horace D. Bellis, Trenton, to Camp Meade, Md., base hospital.

Lieut. J. R. Commorato, Jersey City, to Fort Ontario, N. Y.

Lieut. Howard R. Dukes, Kearny, to report to commanding general Eastern Department.

Capt. Thomas S. McCabe, Newark, to Camp Zachary Taylor, Ky., base hospital.

Major Frank W. Pinneo, Newark, to Camp Bowie, Texas.

Capt. R. D. Schimmelpfenig, Montclair, to Lakewood, N. J.

Capt. William J. Summers, Boonton, who recently returned from France, has been ordered to the Lakewood Hospital.

Distinguished Service Cross Award.

The commander-in-Chief, in the name of the President, has awarded the Distinguished Service Cross to Elam F. Srygley, Lieutenant, M. C., U. S. Army, Fourth Machine Gun Battalion, Greystone Park, N. J.

"For extraordinary heroism in action near Medeah Ferme, France, Oct. 8 to 9, 1918. When a platoon was being heavily gassed and under intense artillery and machine-gun fire, Lieutenant Srygley voluntarily left the shelter of his dressing station, proceeded to the line, and rendered invaluable aid to the wounded. On October 9, Lieutenant Srygley again left the shelter of his dressing station, and under intense fire voluntarily went to the assistance of the wounded of the 141st Infantry."

King George Decorates American Physicians.—Five American officers have received the British Military Cross, four of them members of the Medical Corps, as follows: Captain Edward Christofferson, Medical Corps, attached to the Welsh Fusilliers; Lieutenant Thomas Doyle, Medical Service; Lieutenant Alexander Gillis, Medical Reserve, and Lieutenant Robert MacDuffie, Medical Corps, attached to the Warwickshire Regiment.

British Greet American Medical Officers.

One hundred American medical officers were recently accorded, it is reported, the first official reception ever given by Brish medical organizations to American physicians. These physicians arrived in London to take up postgraduate work in England. Speakers at the reception included Sir Humphrey D. Rolleston, president of the Royal Society of Medicine, who acted as host; Sir Rickman J. Godlee, president of the Royal College of Surgeons; Sir Norman Moore, president of the Royal College of Physicians, and Sir William Arbuthnot Lane, consulting surgeon to Guy's hospital.

Lauds Medical Corps' Work in Europe.

Describing as "wonderful" the work of the United States Army Medical Corps in Europe, Rt. Rev. James De Wolf Perry, Episcopal Bishop of Providence, R. I., and chief chaplain of the American Red Cross, arrived here recently aboard the liner Lapland after eight months' service abroad.

Bishop Perry visited sixty evacuation mobile and base hospitals and had charge of seventy-six chaplains of all denominations with the American Red Cross hospitals.

Transportation of Sick and Wounded.—During March, 20,080 patients were transferred by the evacuation officer at Hoboken, N. J., to hospitals in various parts of the country, and these transfers were made from debarkation hospitals without a single accident. March 29, a hospital train left Hoboken with 2.011 patients, the largest record for transporting sick and wounded for a single day.

Women Physicians with Red Cross in Balkans.

Nineteen American women doctors from the Women's Hospital at New York are assisting the American Red Cross in its work of caring for the sick and destitute in the Balkan States, said a report received at Red Cross headquarters from Nish. A number of women, it was said, have received decorations or been cited conspicuous service among the soldiers and refugees. Eight are now working in Servia; two in Montenegro. Dr. Sara E. Foulks of Burlington, N. J., and Dr. Hyndman of Philadelphia, are doing similar work in Albania.

Hospitals Now Soldiers' Hotels in Paris.

Fifty canvas buildings which served last summer as hospital wards for American soldiers wounded in the drive at Chateau-Thierry, have been obtained by the American Red Cross and set up on the site of the Paris Exposition, where they are used for sheltering and feeding the 1,600 American fighting men who swarm into Pariseh daily on leave. This is the sixth free hotel the Red Cross has established for the care of American soldiers who visit Paris on sightseeing trips.

Word of the opening of the big canvas hotel was received recently at the Red Cross headquarters in Newark. The tent hotel is modern in every way and with the others fills a big need, as sleeping and eating quarters are reported to be scarcer than at any time in the history of Paris. Miss F. W. Baker of Wildwood, N. J., is one of managers of these hotels.

Overseas Hospitals' Patients in This Country.

On March 31, there were 38,214 patients from overseas under treatment in army hospitals in the United States, and also 18,765 domestic patients, making a total of 50,979 patients under treatment.

Army Hospital Staffs Reduced.

In order that the personnel at army hospitals may be reduced to the minimum consistent with efficient operation, Surgeon General Ireland ordered that the patients in all army hospitals be concentrated in as few wards as possible. This will enable the War Department to reduce the hospital at Camp Gordon, Georgia, from 1.642 beds to 1,200; the hospital at Camp Lewis, Washington, from 1,200 to 1,000; at Camp Meade, Maryland, from 1,784 to 1,300, and at Fort Riley, Kansas, from 2.000 to 1,500. A large number of medical officers and nurses will be released as a result.

Sixty Nurses Died at Camp Dix.

William C. Stinson, Red Cross field director at Camp Dix, told the State Nurses' Association of New Jersey, assembled April 1 in the First Presbyterian Church parish house, Elizabeth, for their sixteenth annual convention, that sixty of the 500 nurses who attended the sick at Camp Dix during the influenza epidemic died. Of the 50,000 men in camp during the epidemic, 6,000 were ill from influenza, and of these 1,400 died, Mr. Stinson related.

War Neuroses.—Recently there appeared an article from an American base hospital which gives an entirely incorrect account of the outcome of cases of war neuroses. The article conveyed the idea that no one recovered sufficiently to perform military service, when, as a matter of fact, practically all recover.

After a nearby shell explosion, a short period of trembling is not unusual. This may last only a few minutes or a part of a day, and ordinarily these patients are returned to duty by the battalion and regimental medical officers. When the stage of absolute exhaustion is reached, nervous symptoms are likely to develop. These cases usually reach the triage, from which place a large percentage return to duty. Forward neurological stations receive and return to duty many of the cases that have been evacuated from the more forward areas, and this hospital receives only those severe cases passed on by three other medical posts, cases which are not expected to recover speedily.

With these cases the hospital returns to duty the following percentage: Class A, 19 per cent.; Class B, 44 per cent.; Class C, 32 per cent.; Class D. 5 per cent.

Thus 19 per cent. are ready for immediate combat duty, an additional 44 per cent. presumably will be ready after a short interval, making a return to the line of 63 per cent., with 32 per cent. more, 95 per cent. in all, unable of rendering A. E. F. service. Only 5 per cent. return to the United States, and even they are not incurable, return indicating in this instance a duration too long to warrant continued care in France.

Lieut. Col. Kraker's Return Home.

There was an unusual reunion recently at the home of Max Kraker, Newark, when the third of his children who went to France in the nation's service was welcomed home. The latter is Lieutenant Colonel David A. Kraker of the medical corps, and his homecoming followed those of his sister, Miss Teresa Kraker, who saw twenty-one months of service in France as a Red Cross nurse, and his younger brother, Corporal Jerome Kraker, who was rushing to the front with the 335th Artillery when the armistice was signed. Corporal Kraker and his sister have been home about a month.

In France Colonel Kraker commanded Base Hospital No. 78, which he organized at Fort McHenry, Maryland, last August, and which was stationed at Toul, in the foremost area back of the front, until the big push which broke the Hindenburg line. During the trying days of the St. Mihiel and Argonne drives, Miss Kraker was only eighteen miles from her brother's command, in the base hospital conducted by the Johns Hopkins unit at Bozialles.

Both the hospital which Lieutenant Colonel Kraker commanded and the one in which his sister was stationed were daily in danger of bombing from the boche avions. Close by the Toul unit was a munitions dump and an important railway station, both of which the enemy attacked constantly and on either side of the hospital in which Miss Kraker served were French aviation fields, objects of destruction for the enemy. But neither hospital ever was struck by bombs, although there were occasional hits perilously close.

Colonel Kraker arrived in France during the St. Mihiel drive, and hurried to Toul close to

the scene of the hardest fighting. As an example of what an organized American outfit can do in an emergency, Colonel Kraker cited the experience of his own unit. It arrived at Toul and took over a set of barracks at 2 o'clock in the morning, and at the same hour the following morning 2,200 wounded men had been treated and passed on, and there were 1,200 more on cots in the hospital. The unit had taken care of 3,500 men, which included the performing of many operations, in its first twenty-four hours on duty. The Toul base was about five kilometers distant from the nearest enemy gun—a long range fourteen-inch piece—at the start of the final Argonne drive, and though it was so placed as to become an easy target had the enemy sought to hit it, the station was never subjected to direct fire. It was the furthest advanced base hospital along the entire American line.

The real test came to Colonel Kraker and his unit during the Argonne drive. On September 29, three days after the start of that offensive the first casualties arrived from the field hospitals at the front. Every member of the unit worked without stopping for twenty-three hours. The entire complement of eleven operating teams scarcely had a moment's respite throughout the period. Hundreds of men passed through the operating room and many hundreds more were treated in the emergency dressing rooms. The day's record was 3,600 cases, half of which were sent to the base hospitals in quieter areas. The early days of that drive were the hardest, because the heavy fighting conditions made it impossible to establish base hospitals nearer the front. The American line moved several kilometers a day for several days. Hence casualties in great numbers arrived daily in convoys from the front and an idea of the responsibilities placed upon Colonel Kraker and his men may be judged from the fact that the majority of the 38,000 casualties they cared for up to January 1 were received during that drive, which ended only when Germany cried quits.

How well the colonel and his men did their work was not to be learned from him, but he referred to General Pershing's words: "The medical department has functioned with a higher degree of efficiency than was ever known before and beyond all anticipation." Colonel Kraker returned aboard the Leviathan and reported at Camp Dix.

War Experiences Related by Capt. Nafey.

Capt. Herbert W. Nafey, M. D., New Brunswick, in an address at the Highland Park Reformed Church last month gave some of his experiences while in France. He said that on the morning of the third day out there was a rumor of an enemy submarine, but nothing could be seen but the outlines of a sailing vessel on the horizon which seemed to stay in the one position, but later turned out to be a steam vessel. The actions of the vessel were so strange that a number of shots were fired at her from a range of 14 miles, from the forward gun, and she turned about and went off at double quick.

Capt. Nafey did duty with the British Fusileers nearly all the time he was in France, and did not see any duty at all with the American forces. He said that during all the time he was in Belgium the steady thunder of the guns never stopped by day or night.

He had received a letter telling of the South Amboy disaster, and said that it had been compared with the wastes of Belgium, but he said that this was a poor comparison, for what was left of Belgium wasn't worth talkin about. He said that everything was laid to waste. What the Germans could not carry away with them they destroyed, and even the wells which they could not carry away or destroy they poisoned. He said that everything was literally blown off the earth, and when the rivers overflowed their banks the least bit, the land for miles around was covered with several inches of water. The mud and water was so deep that "duckboards" had to be used so that re-enforcements could be sent to the front. These boards were the only way of traveling, and if a wounded soldier could not stay on the board he would probably be drowned in the mud and water. These paths were all photographed, and the Germans made it a point to shell them at given times, and they usually shelled at the same time every day. One could tell when the "fireworks" were to start, and so would not attempt to cross at that time.

He said that some of the raids which the Germans made on hospitals were justified under warfare rules, for he said that the English placed their hospitals in the centre of emplacement camps, and when these were shelled the hospitals got their share also. From a prisoner Capt. Nafey learned of some of the conditions in Germany and found that a suit of clothes was worth $100, and that a pound of butter cost $15.

The armistice was celebrated by a Thanksgiving service and every officer and soldier attended, and the way those men sang, Capt. Nafey said, was a treat.

American Hospital at Rheims.—It is reported that word has been received at the Paris headquarters of the American Fund for French Wounded that the French Government will deed to the Fund ground in the environs of Rheims on which a great American hospital will be erected. The sum of $100,000 for the purpose has been guaranteed by the American Fund Organization in the United States, but an endowment fund must still be raised.

Casualties Among American Medical Officers.—The casualties among American medical officers in France from the time of the arrival of the first units to March 13, 1919, numbered 442. Of these, 46 were killed in action, 22 died of wounds, 12 died of accident and other causes, and 101 of disease; four were lost at sea, seven were reported as missing in action, and 38 were taken prisoners. Two hundred and twelve were wounded in action.

No Soldiers both Armless and Legless.—In refutation of a widely circulated report that there were many so-called "basket cases," that is, soldiers without either arms or legs, in the military hospitals, Surgeon General Ireland has issued a statement declaring that he has personally examined the hospital records, and is able to say that there is not a single "basket case" among the American soldiers, either on this side of the Atlantic or among the Expeditionary Forces.

Therapeutic Notes.

Autointoxication and Its Treatment.

In the course of an article bearing this title, Dr. G. N. Murphey (Charlotte Medical Journal, January, 1919) recommends the following formula:

Creosote, 2 fluidrachms.
Tincture Iodine,
Oil Turpentine,
Oil Cloves, of each one fluidrachm.
Thymol,
Menthol, of each 7½ grains.
American Oil (P. D. & Co.), 16 fluidounces.

Dose: One tablespoonful, night and morning, followed each alternate morning with a saline flush.

Local Treatment of Acute Rhinitis.—John A. Thompson (Ohio State Medical Journal), has had excellent results from the local application of the following prescription:

Atropin, gr. ss.
Adrenalin, gr. i.
Menthol, gr. xxiv.
Camphor, gr. xl.
Petrolat. liq.
Ol. amygdal. dulc., aa q. s. oz. viii.

No case treated thus before laryngitis and bronchitis had developed had any serious involvement of the lower air passages.

Offensive Breath.

In fetor from decayed teeth, the following formula will be found useful:

Thymol, 8grs.
Alcohol, 1 fl. oz.
Glycerin, 4 fl. dr.
Sol. of Formaldehyde, 8 drops.
Water, to make 8 fl. oz.

Use as a mouth wash.

or;

Solut. Chlorinated Soda, 1½ fl dr.
Glycerin, 4 fl. dr
Peppermint Water to make 8 fl. oz.

Use as a gargle.

In fetor from gastric fermentation, the following mixture has given satisfactory results:

Creosote, 30 min.
Resorcin, 15 grs.
Alcohol, 4 fl. dr.
Chloroform Water, to make 3 fl. oz.

Teaspoonful after meals in a little water.

In fetor of the breath resulting from gastric fermentation due to anacidity, the following has been recommended:

Pepsin, U. S. P., 2 dr.
Dil. Hydrochloric Acid, 4 fl. dr.
Strychnine Sulphate, ¼ grn.
Syrup of Raspberry, 1 fl. oz.
Water, to make 8 fl. oz.

Teaspoonful in a little water after meals.

Rheumatism—Acute.

Sodii salicylatis, ℥iv.
Potassii bicarbonatis, ℥iv.
Aq. menth. piperitae q. s., ad., ℥iv.

Misce et signa: One dessertspoonful, in water, after each meal.

Wheeler and Pack's Handbook gives the following: "The patient must be kept absolutely at rest in bed. He should lie between blankets, not sheets, and should wear a flannel nightgown. The diet should consist of milk, diluted with mineral water; if it does not agree, chicken broth may be given. In convalescence it may be more ample, but red meat should be sparingly used. Salicylate of soda, or salicin, is the specific remedy, the latter being the less depressant form. In severe cases, the salicylate should be given in doses of gr. xx every two hours until the pain is relieved, thereafter every four hours till the temperature falls, and then less frequently and in smaller doses, its withdrawal being gradually accomplished. In less severe attacks gr. xx every four hours may suffice. Should the salicylate disagree, other salicyl compounds (oil of wintergreen, aspirin) may be used. In the view of the majority, the salicylates shorten the course, protect the heart, and lessen the liability to relapse; but some still prefer the alkaline treatment, in which case large doses (℥iss) of sodium bicarbonate are given every three hours. The amount is lessened when the urine becomes alkaline. If the pain in the joints is severe, they should be fomented, and the limb should be put upon a splint. A lotion of carbonate of soda and laudanum, or a liniment of methyl salicylate may give relief; and morphine is sometimes required at first. Hyperpyrexia should be treated by the cold bath."

Ricord's Injection.

Zinc sulphate, 1 part.
Lead acetate, 2 parts.
Tincture of catechu, 4 parts.
Tincture of opium and saffron, 4 parts.
Distilled water, 192 parts.

Dissolve the zinc sulphate in part of the water, the lead acetate in the rest, mix the solutions and add the other ingredients. Mark "Shake." It is the same practically as injection Brou.

Adrenalin Counteracts Iodism.—It is stated in The Lancet of November 10, 1917 (p. 726), that the administration of 3 minims of the 1-in-1000 Solution of Adrenalin Chloride, twice daily, counteracts the unpleasant effects, such as lacrimation, conjunctivitis, edema of the lids, swelling of the face, and salivation produced in some patients taking potassium iodide. This treatment is said not only to banish such symptoms promptly, but to permit of continuing the drug without their reappearance.

Application to Inflamed Eyes.—A man got some lime into his eyes. He went to the Harlem Eye Infirmary a number of times. He was given some drops containing zinc sulphate. He did not improve. His eyes were in a frightfully congested condition. I knew that zinc could only make the irritation worse. He needed something soothing. I ordered an infusion of slippery elm bark with one per cent. of boric acid to be applied on gauze or linen. In three days the man was well. Try it in the next case of inflamed conjunctivae.—W. J. Robinson.

Dyspepsia with Gastric Atony.—Dr. Pron, in Presse Medicale, reports good results in dyspeptics with gastric atony by prescribing eight to ten drops of one-in-one-thousand adrenalin solution one hour before each of the

two main meals, lunch and dinner. The results consist in a diminution or disappearance of postprandial discomfort or sensation of weight, a diminution of splashing sounds, and cessation of pain.

Digitalis in Cardiac Disorders. — Sir James Mackensie, in "Diseases of the Heart," speaks of digitalis as the most valuable cardiac drug. As a result of his experiences, the author prefers to push the digitalis until some physiological reaction occurs, such as nausea, diarrhea, or slowing of the heart. If an outlook is kept for such signs, there need be no fear of poisoning, or any other deleterious effect. The dose, in any given case, depends partly on the nature of the case. In giving the tincture to an adult, doses of 15 to 20 minims thrice daily usually produce the effect in three to five days. If the distress in breathing is great, and the pulse rapid, double the quantity may be administered, and the physiological effect looked for in twenty-four or forty-eight hours.

In persistent dropsy due to heart failure, greater benefit may be obtained when the digitalis is combined with mercury and squills (as for instance mercurial pill 2 grains, powdered digitalis leaves ½ grain, squills 1 grain). One patient received much benefit from this preparation; but she was so salivated by the mercury that the medicine could not be used for a sufficient length of time. A number of other preparations of digitalis and strophanthus were used without effect. At last, the patient took the pills with her food, and for some reason she was not again salivated, and was able to keep the dropsy in check. In numerous cases the author failed to get any effect from hypodermic injections of digitalin. He has never seen much good follow the administration of digitalis in acute febrile states.

Salicylates in the Treatment of Influenza.

Dr. Beverley Robinson, in the Medical Record says, in commenting on the use of the salicylates as among the best remedies in the treatment of influenza: After trials, I came to the conclusion that the salicylate of ammonium is the preferable salt, and, so far as possible, should always be used as a preventive and curative remedy. As an ammonium salt, it is the most stimulating and disagrees with the stomach least. It eliminates itself, in part at least, through the respiratory passages, and is therefore preferable to the sodium salt. Like all the salicylates, it has a decided antimicrobic action in the blood. When taken into the system in sufficient quantity, and frequently, it prevents, as I believe, the transport of contagion to others. As to the proper dose, and its frequency, these depend somewhat upon the individual and the reaction or effects produced. The essential matter is to get the patient under the influence of the drug in a manifest manner and yet not cause unpleasant results, such as are not uncommon with all the salicylates at times, but less, in my observation, with the ammonium salt than with the sodium salt.

To a sensitive stomach intolerance is obviated with the use of essence of pepsin at the same time. Preferably, and when convenient, the salt should be given in solution. To an adult, from five to ten grains may be given for several doses every two hours. Whether or not the use of a protective vaccine would interfere or neutralize the good effects of the salicylate of ammonium I do not know, but up to date I would prefer not to take them at the same time, on the principle that what is unknown should be avoided, or treated with great prudence. One thing is sure to my mind, i. e., that the salicylate of ammonium, both in influenza and acute spinal paralysis in children, has a very pronounced protective and curative effect. It is not a specific, and thus far I know of none, but it is the least objectionable and most effective remedy now known. Science may tell us truly later precisely why it is; art for the while, guided by observation and bedside experience, affirmed a clinical fact of very considerable value.

There is no doubt in my mind at this time that, taken properly and in the beginning of influenza, salicylate of ammonium would save many lives otherwise lost either through the influenza itself or the pneumonia which frequently develops very rapidly.

Scilla Is a Useful Heart Tonic.—Dr. Mendel, in Die Therapie der Gegenwart, points out that scilla improves the pulmonary circulation and causes a better blood supply to the mucosa. Thus in emphysema it brings about a decrease of the catarrh although the drug cannot be said to possess any directly expectorant property. Given in therapeutic doses, it is impossible to discover any action of the drug on the kidney or the renal functions, so that one may exclude any changes taking place in the renal tubules or glomerula from its exhibition. The combination of scilla and codeine phosphate has been found very active and useful. In order to obtain satisfactory results the drug should be given in diuretic doses which must be adapted to each individual. One will frequently be obliged to carry out an intermittent treatment. In therapeutic doses scilla has no nefarious secondary effects and there is no danger of accumulation of the drug. It lends itself to both continued and interrupted medication, leaving no harmful effects.

Tincture of Iron in Chronic Gleet.—Genito-urinary specialists whose good or bad luck it is to see the most obstinate cases, those which the general practitioner gives up in despair knowing that he can do nothing more with them, will admit that there are old gleety cases which are absolutely resistant to every sort of treatment. They laugh at the most ingenious combinations and injections and at all kinds of endoscopic applications.

In such cases, provided they are free from strictures, I have found the simple old-fashioned tincture of iron, tinctura ferri chloridi, U. S. P., of very great benefit. It is not only meliorative, but in many cases permanently curative. The dose to be given is from fifteen to thirty minims in water three times a day. It may be taken through a tube or followed by rinsing the mouth with Vichy water which neutralizes the excessive acid. Some take the tincture of iron in capsules. They provide for this a box of empty capsules and fill them with the required amount of drops each time they want to take a dose. Other iron preparations

are also useful in this condition, but none possesses the specific astringent virtue that the tincture of iron does. It seems actually to "tone up" the urethral canal and its mucous membrane.—Critic and Guide.

The Therapeutics of Influenza.

A special number of the Practitioner, February, 1919, is devoted to influenza and is of great interest as showing the wide diversity of views held regarding the treatment of this disease and its sequelae. Dr. Hector MacKenzie advocates symptomatic treatment along classical lines, using morphine and heroin in a cough mixture, solution of ammonium citrate with a small quantity of ipecac for the treatment of bronchitis, poultices, stupes, and similar applications to relieve the pain on breathing, and alcohol, strychnine, digitalis, strophanthus, caffeine, and camphor as stimulants in cases of prostration. In the same issue, another distinguished authority, Dr. W. W. Wynn, specifically warns the practitioner against the use of alcohol because it is depressant and against digitalis because it is a heart poison. He takes the rather pessimistic view that "only the confirmed therapeutic optimist can face with equanimity these cases of failure from toxic exhaustion. Our real hope lies in the establishment of sound lines of specific treatment.

Treatment of Scarlet Fever.—Albert J. Bell (Ohio State Medical Journal), expresses his treatment of scarlet fever in three words—"bed, milk and water." Nephritis is best prevented by keeping even the mildest cases in bed on a strict diet for at least three weeks. Water or lemonade is given every two hours during the day with from twelve to thirty grains of potassium citrate according to age, and at four hour intervals at night in double doses, during the first four weeks. The ideal diet in the first three weeks is milk which may be varied with cooked cereal, ice cream, bread or crackers. During the fourth week vegetables and cooked fruits are added, and in the fifth week soups, in the sixth week eggs, chicken or fish and in the seventh meat, unless contraindicated by disease of the kidneys. Hot alkaline throat irrigations are given every three hours during the acute stage. An ice bag is applied to the throat where tender and enlarged glands are present. Septic cases may be given the Murphy drip or larger injections of saline, Fischer's or glucose solution. Ear drums should be carefully watched as otitis media is often painless.

Radical Cure of Sciatica by Lumbar Anesthesia.—C. Mancini in Riforma Medica, describes a method employed by him for many years in the treatment of sciatica. He injects twelve to fifteen c.c. of a five per cent. novocaine solution into the third or fourth lumbar interspace, thus producing an anesthesia lasting from three quarters of an hour to two hours. The injection may be repeated every seven days, but repetition is not usually necessary. The advantages claimed for the method are direct contact with the diseased nerve fibres, simplicity and innocuousness.

Remember Annual Meeting June 24, 25

Hospitals; Sanatoria, etc.

Bridgeton Hospital.

The annual meeting of the Bridgeton Hospital Association was held April 8, 1919. Dr. T. J. Smith was elected one of the Board of Directors. Dr. W. P. Glendon, president of the medical and surgical staff, presented the report showing a prosperous year with a greater number of patients.

During the year 1918-1919 there were admitted to the hospital five hundred and twenty-seven patients, exceeding last year's admissions by twenty-two. The number of medical cases admitted was one hundred and ninety-nine. Of these forty-four were free, eighty-seven pay ward, and sixty-eight private room cases. The number of surgical cases admitted were three hundred and twenty-eight. Of these eleven were free. one hundred and fourteen pay ward and two hundred and three private room cases. The total number of patients discharged was four hundred and ninety-seven.

There were three hundred and thirty-seven operations during the past year, exceeding last year's operations by twenty-nine. The total number of deaths was fifty. Of these thirty-four were medical and sixteen were surgical cases. There were thirty-three births.

A course of lectures has been given by Dr. E. S. Corson on the subject of massage, although not as many lectures were given as in previous years, due to the shortage of physicians and to the influenza epidemic. The number of student nurses this year has been twelve.

Dover General Hospital.

The board of trustees declined to admit an osteopath as a member of the medical staff of the hospital, at the board's meeting April 8th. This action followed the refusal on March 30 of the medical staff to admit to their body Dr. Ora M. Walker, an osteopath, who had asked to be placed on the medical staff.

Memorial Hospital at Phillipsburg.

The erection of a hospital as a memorial to service men and women in the war was favored by physicians and influential business men of Warren County at a dinner recently held in Phillipsburg. The cost of the proposed hospital would be at least $350,000. The institution, if realized, will be known as the "Warren County Memorial Hospital."

Old School for Hospital.

Because of the uncertainty of the return to public use of St. Mary's Hospital, Hoboken, now occupied by the military authorities and known as Embarkation Hospital No. 1, Mayor Griffin announces that the old No. 3 School at Third and Adams streets would be outfitted as a city hospital and a baby welfare station. Either in the proposed hospital building or in the city hall, it is also planned by the Mayor to open an employment bureau in the interests of the returning soldiers of Hoboken.

Muhlenberg Hospital Clinic for Social Diseases.

The board of governors of Muhlenberg Hospital, Plainfield, recently established at the hospital a clinic for the treatment of venereal

diseases. The combined action of government, state and local authorities brought about action in the matter. The clinic will cover cases it is designed to treat from Union, Somerset and Morris counties.

Several changes and additions to the hospital staff and the board of governors were announced. Dr. J. E. Runnells, superintendent of the Bonnie Burn Sanatorium, was elected to the hospital staff.

Muhlenberg Hospital Training School.

Sixteen young women will be given diplomas as nurses, in the largest class that has been graduated from the Muhlenberg Training School, at the Hartridge Auditorium, Plainfield, on the evening of May 22nd.

Overlook Hospital Nurses' Home Memorial.

A nurses' home as a memorial to the sixteen citizens of Summit "who laid down their lives for us and for the world in the great war" is one of the suggestions made by Rev. Dr. Walker Gwynne, president of Overlook Hospital, in the annual report of that institution. He goes on to say that two members of Ambulance Corps No. 33, organized by Dr. William H. Lawrence Jr., the founder of the hospital, made the supreme sacrifice. Four graduate nurses did good service overseas, while seven others enlisted in war work, the report sets forth.

The hospital nurses now occupy a room in that building, but it is felt by Dr. Gwynne "that this is neither the ideal nor even the proper method of providing for the nursing staff."

Indigent Sick at Overlook Hospital.

A contract between the Overlook Hospital Association and the City of Summit for the care of the latter's indigent sick was ordered executed last month by the Common Council. The agreement provides that the hospital shall care for all patients sent there by the council, the Mayor, the overseer of the poor and the city physician, and that the hospital shall make a statement monthly to the council showing the names of the indigent patients. their addresses and the cost of treatment. For this service the municipality agrees to pay to the hospital $5,000 a year in monthly payments.

Salem Memorial Hospital.

The board of managers of this hospital recently appointed the following members of the medical and surgical staff: Drs. R. M. A. Davis, Warren L. Ewen, Ellen B. Smith, Norman H. Bassett, C. M. Sherron, W. T. Hilliard, David Green and L. H. Hummell of Salem; Drs. W. H. James, of Pennsville; W. T. Good, of Alloway; C. L. Fleming, of Pennsgrove, and J. M. Husted, of Woodstown; consulting surgeon, Dr. Paul M. Mecray, and gynecologist, Dr. Thomas B. Lee, both of Cooper Hospital, Camden.

U. S. General Hospital, Colonia.

Amputation cases are to be specialized in at the U. S. General Hospital No. 3 at Colonia, and it is expected by the hospital officials that virtually all the 4,000 cases of this nature among the American fighting forces will be treated at the New Jersey hospital.

At present 700 of the 1,600 patients at the hospital are undergoing treatment for the loss of one or more limbs, and it is expected that the number of amputation cases will soon reach 1,000, which will probably be the greatest number of cases of this kind to be treated at one time.

Bonnie Burn Sanatorium.

Dr. John E. Runnells, superintendent of the Bonnie Burn Sanatorium, reports that on March 1st there were 196 patients present in the sanatorium, 112 males and 84 females. This includes 20 males and 29 females in the preventorium. During the month 35 patients have been admitted, 19 males and 16 females. Fifteen of these admissions went to the preventorium. Among these was one readmission.

The admissions are classified as follows: Bone tuberculosis, 2; pre-tubercular (preventorium) 15; incipient, 1; moderately advanced, 3; far advanced, 14.

The largest number of patients present at any time during the month has been 202—smallest number, 192. Patients present March 31, 199.

A medical building for the sanatorium was recommended in the annual report of the board of governors and Superintendent Runnells submitted last month. More patients will have to be accommodated in the near future, the report said. Originally the accommodations were for sixty-four patients and later provision was made for 250. Tubercular patients are treated. Maintenance cost for the year was $106,526.69, an average of $5.68 a week per patient. During the year 206 men and 171 women were admitted. The oldest persons admitted was seventy-seven years old and the youngest, outside of children in the preventorium, was twenty-six years old. Forty-eight patients contracted influenza during the recent epidemic. The most cases of tuberculosis came from Elizabeth, which sent 178; Plainfield sent 46, other towns in the county from one to eight cases each.

Another State Sanatorium Urged.

A meeting of physicians of the Newark Health Department recently held, the establishment of a co-operative sanatorium for the treatment of Tuberculous patients was discussed. Health Officer Craster has for some time past been advocating the inauguration by the state of an additional sanatorium for the treatment of tubercular patients and he has been in communication with director Jacob C. Price of the State Department of Health in the hope of having one of the army cantonments in New Jersey suitable for the purpose taken over.

Drs. M. J. Fine, C. W. Cranshaw, H. H. Satchwell and others attended the meeting.

Hospitals and Dispensaries in Foreign Lands.—The hospital program of the Methodist Centenary movement calls for the expenditure of $2,228,624 in foreign lands during the next five years. Forty-five more hospitals and twenty-four dispensaries will be built. The church now has twenty-six hospitals abroad. It runs 48 in the U. S. valued, with their endowments, at $15,626,343. In capacity they range from the Wesley Memorial Hospital in Chicago, caring yearly for about 7,000 cases,

down to the Sunnyside Sanatorium for Tuberculosis at Silver City, N. M., accommodating 75 patients yearly. In Mexico, where President Carranza has given the Centenary plans his hearty approval, the board has at Guanajuato the only hospital in a population of 1,100,000 The nearest other hospital is 200 miles away and the next 400 miles distant. In the capital cities of five republics of South America, hospitals and nurses' training schools are to be established. The state hospitals in those cities are not adequate to care for ten per cent. of the people.

State Hospital Relief.

Senator Conrad of Ocean plans to propose to the joint legislative appropriations committee that new wings be added to the State Hospital at Morris Plains. Visiting the institution with his colleagues on the committee, he was shocked by the overcrowded conditions he found there, as everybody has been shocked who has gone through that place in the last five years or more. Conditions at Greystone Park have cried aloud for relief for nearly a decade. Makeshift measures have been applied from time to time, through the transfer of a few patients to other institutions, thereby transfering some measure of the conditions at Morris Plains to the other institutions, but relieving the conditions as a whole very little. Twice within the last three years the Newark Evening News has set forth those conditions. Legislative committees and expert investigators have added their testimony annually, or oftener. But nothing of consequence has been done. But building wings, even building new units, at the hospital will not permanently relieve the situation. The State is behind the times in its treatment of its insane wards, and it will not solve the problem presented by the congestion in its State hospitals until it tackles that problem scientifically, with determination to bring real relief by revolutionizing its methods.

A committee of men recognized as experts of wide experience in the care and treatment of the insane only last January inspected the Trenton Hospital, where conditions are not so bad as at Morris Plains, and as a consequence of their observations drew up a plan for betterment that went to the root of the problem. The plan was divided into three parts: First, adequate hospital facilities for the treatment of acute, curable cases; second, a farm colony and industrial facilities for the more tractable of the ablebodied patients either permanently insane or of doubtful potentialities for recovery; third, the establishment of an efficient psychiatric clinic or clinics in a central urban location, for research purposes and the treatment of incipient cases which are capable of being safely kept at home, subject to regular treatment under expert supervision.

This comprehensive program combines the prominent features of the views hitherto expressed by the State's two principal authorities on the subject, Dr. Evans of the Morris Plains and Dr. Cotton of the Trenton hospital. The efficacy of agricultural and industrial occupation as a means of treatment for psychopathic patients has been abundantly demonstrated. On a small scale it has been successfully applied at Morris Plains. The farm colony plan has been before the Legislature for years. Initial steps have been taken toward its adoption, but the means of beginning the work have not been provided. It goes to the heart of the congestion problem, proposing definitely to remove many of those housed in the State hospitals to an environment that will permit healthy, productive outdoor employment and adequate housing facilities of a less institutional and, therefore, less artificial character.

The need of not one, but many psychiatric clinics, capably conducted, in this State, is apparent when statistics of insanity are studied, and the effectiveness of modern treatment in early stages of these afflictions are considered. But this measure affects the present congestion problem very little, though it would check increase of congestion. It can wait, whereas the need of relieving the present condition of those under institutional care is an immediate one. The farm colony plan, with incidental industrial equipment, is the indicated remedy, as well as the humane one. Reducing the number of patients required to sleep in a hot dormer room or a stuffy, ill-ventilated corridor is desirable if nothing else can be done. This would be effected by increasing space available for dormitories at Morris Plains. But if we sincerely intend to meet the problem in a curative, or even ameliorative, way as regards the greater number of the nearly 3,000 patients there and the hundreds more at Trenton, not brick and mortar are needed so much as sound policy and a few hundred acres, with proper living quarters.

Marriages.

FIGLEY-MORGAN.—At Bloomfield, N. J., April 23, 1919, Dr. Karl Dean Figley, to Miss Margaret Patterson of Bloomfield.

Dr. Figley is a captain in the medical corps, U. S. Army, recently returned from a year and a half service in France.

GOLDSTEIN - BERMAN. — At Norfolk, Va., April 6, 1919, Dr. William H. Goldstein of Kearny, N. J., to Miss Anna Berman of Norfolk, Va. They will reside in High street, Newark.

Deaths.

CARPENTER.—At Boonton, N. J., April 8, 1919, Dr. Abraham Eldridge Carpenter, after an illness of several weeks.

Dr. Carpenter, who was one of the best-known men in the medical profession in North Jersey, was a son of the late Isaac and Marie Carpenter of Springtown, Warren County, where he was born June 2, 1852. In 1874 he graduated from the University of Pennsylvania and went to Boonton the same year, where he began a practice that continued for forty-five years.

He was a member of the Morris County and State Medical Societies and a Fellow of the American Medical Association.

In 1878 he married Miss Mary Able, daughter of Mr. and Mrs. John S. Able, his wife dying in 1886. He was identified with the civic work of Boonton, having served on the Board of Health, Board of Education and in 1901 was elected Mayor. He was a prominent member

in Masonry, being a member of Arcana Lodge of Boonton, besides serving one term as district deputy. He was also a member of St. De Odo Commandery, Knights Templar, of New York; Royal Arcanum and was a member of several societies, including Sigma Chi of the U. of P., Field Club, Mountain Lakes Club, Town Club, etc. He was also the author of a number of medical articles published in professional journals.

During the recent influenza epidemic, on account of the scarcity of doctors, Dr. Carpenter worked with great energy and suffered a breakdown. Several weeks ago he went South in hopes of recuperating, but was obliged to return in a few days and rapidly succumbed to the strain of overwork.

FRACE.—At Clinton, N. J., April 13, 1919, Dr. John McCormick Frace, aged 65 years.

HURLEY.—At Elizabeth, N. J., April 14, 1919, Dr. J. William Hurley, aged 60 years.

PITT.—In Bloomfield, N. J., February 14, 1919, Dr. Jesse Baldwin Pitt, aged 72 years.

VOORHEES.—In Newton, N. J., April 26, 1919, Dr. Egbert Shepard Voorhees, aged 59 years. Dr. Voorhees graduated from the Pennsylvania University Medical School in 1888. He practiced medicine in Newton thirty years. He was a member of the Sussex County and the State Medical Societies and a Fellow of the American Medical Association.

WILEY.—In Salem, N. J., April 30, 1919, Dr. David Wiley, aged 71 years, a graduate of the Univ. of Penn. Medical School in 1870, and a practitioner of medicine for 49 years in Salem.

Personal Notes.

Dr. Robert R. Armstrong, Passaic, County physician, recently purchased the Wilde bungalow and property on the Paterson-Hamburg turnpike, near the junction of the Black Oak Ridge road and will occupy it as a summer home.

Dr. W. Homer Axford, Bayonne, and wife have reopened their summer home in Chester.

Dr. Irving E. Charlesworth, Bridgeton, who is a major in the M. C., U. S. Army, now stationed in Honolulu in charge of a large hospital, writes home that he is as busy as ever and that he will probably not return home for some time and that the end of hostilities has made little difference in his work.

Dr. Elton S. Corson, Bridgeton, addressed the Men's Club of the First Baptist Church there last month on the dangers of social evil.

Dr. Herbert H. Fritts, Shiloh, entertained the members of the Association of Physicians of Bridgeton and vicinity at his residence April 14th.

Drs. Bert Daly and W. Homer Axford, Bayonne, have been nominated on an independent ticket for City Commissioners at the election on May 13.

Dr. Christopher C. Beling, Newark, in testifying as an alienist in a murder case is reported as saying: "I have never yet met a really normal man." Normality is determined by the enviroment of the person," he said in reply to the lawyer's question.

Dr. William F. Colfax, Pompton Lakes, has been re-elected president of the local board of education.

Dr. F. M. Hoffman, New Brunswick, enjoyed a two weeks' vacation last month in Florida.

Dr. George J. Holmes, Newark, has recommended the establishment of public school classes for the conservation of vision.

Dr. Lawrence Griesemer, Roselle, Major M. C., who has been overseas, has returned and has resumed his practice.

Dr. Henry A. Henriques, Morristown, and wife motored to Camp Dix recently, spending the day with their son, Horace, who has returned from France and is awaiting discharge from service.

Dr. Herbert W. Nafey, New Brunswick, who has been in M. C. service in France, has returned home and resumed practice.

Dr. James P. Schureman, New Brunswick, of the M. C., U. S. Army, at Newport News, Va., Hospital, has returned home and resumed practice.

Dr. Charles M. Williams, Washington, represented Pohatcong Council No. 1177, Royal Arcanum, at the State Council meeting at Lakewood.

Dr. Allen Corson, Ocean City, has been elected vice-president of the local board of trade.

Dr. Millard F. Sewall, Bridgeton, has been promoted again; is now Major Sewall, M. C., U. S. Army. He has been honorably discharged from the service.

Dr. Floyd A. Thomas, Flemington, school physician, reported last month that a very large percentage needed treatment for bad eyes and teeth and adenoids and diseased tonsils.

Dr. Willet W. Brown, Montclair, spent a week in Maine last month.

Dr. Frederick W. Flagg, Rockaway, is one of the incorporators of the Eagle Flying Corporation, which has bought a field at Kenvil for an aerodrome.

Dr. William D. Sayre, Red Bank, after returning from M. C. service in France several days ago, received notification that in February last he was promoted from lieutenant to rank of captain. His commission, in a letter, had followed him from place to place and from hospital to hospital and finally across the ocean to America.

Dr. Aldo B. Coultas, Madison, and wife spent a week in Atlantic City last month.

Dr. William Martin, Atlantic City, has been appointed a member of the Ventnor City board of education.

Dr. Frederick M. Paul, Newark, major in the medical service overseas, has been sent to Brussels, Belgium, as director of the medical corps for the care of the military police in that district.

Dr. Alvin Spencer, Wharton, has been appointed a member of the local board of health for a five years' term.

Dr. George A. Van Wagenen, Newark, and wife, recently returned from a Southern trip and are occupying their summer home at Lake Hopatcong.

Dr. Albert S. Harden, Newark, has been discharged from M. C. service at Army General Hospital, Colonia, and has resumed practice.

Dr. Guy Payne, Overbrook, Captain M. C., U. S. A., after a brief visit at his home, has returned to Newport News, Va., hospital.

Dr. Frederick J. Hughes, Plainfield, returned from army work overseas last month and spent a few days at Atlantic City before resuming practice.

Dr. Peter J. Zeglio, North Plainfield, recently sold his business property, West Front street, Plainfield.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Alabama, January ..	11	4	7
Colorado, January ..	8	4	4
Florida, December ..	15	11	4
Minnesota, January..	5	5	0
Missouri, January....	21	21	0
New York, Sept.....	91	61	30
North Dakota, Jan...	3	2	1
South Dakota, Jan...	4	3	1
Ohio, December	20	15	5
Pennsylvania, Jan....	49	40	9
Texas, November ...	11	10	1

Public Health Items.

Hudson County's Health Board Retained.

The defeat of Senator Whitney's Vital Statistics Bill, Senate No. 6, saves the Hudson County Health Board.

Hudson representatives were opposed to the bill because it would have legislated out of office the only county Board of Health in the State and it is said would have put out of existence several political jobs.

Base Hospitals Turned Over to the Public Health Service.—At Camps Beauregard, Hancock, Logan, and Sevier the base hospitals have been turned over to the United States Public Health Service.

N. J. Child Hygiene Division Seeks Census.—The State Division of Child Hygiene for New Jersey is endeavoring to get a census of private organizations which do public health nursing or include it among their activities. This is to be used in a report designed to show, in complete form, the nursing resources of the State. All societies, churches, clubs, etc., which contribute to this form of social work, however small their sphere of endeavor may be, have been invited to send their names with a description of their activities to the State division. If there is co-operation with any other organization, either public or private, it is desired that that fact be stated.

Child Hygiene Control in New Jersey.

The proposal to create a Bureau of School Hygiene in the Department of Public Instruction with a staff of nurses met the objections of a number of doctors and representatives of civic organizations at a hearing given March 17 by the House committee on Education. The opponents, who included Dr. Julius Levy, director of the Bureau of Child Hygiene of the Newark Health Department, declared that health departments of cities were better qualified to take up this work than the propoesd new bureau would be. The point was also raised that there might be duplication of effort between the nurses in the new bureau and those already operating under the direction of the health officials of municipalities.

The only speakers to favor this measure were State Commissioner of Education Calvin N. Kendall, Melvin A. Rice of the State Board of Education and Marvin A. Riley. Mr. Dendall contended that the bill providing for the creation of this bureau was the result of mature study and coincided with the views of many leading educators. Mr. Rice declared that the objectors to the bill seemed to be opposing only the method by which the work should be done. He urged that it be started by the Department of Public Instruction, and that later, if the health authorities decided they wanted the work and demonstrated that they could handle it, it be turned over to them.

Dr. Henry B. Costill of Trenton spoke most earnestly against the proposed bill. He insisted that the health work could be done properly only under the direction of doctors. Rev. S. G. Wells of Trenton, representing the social service section of the Episcopal Diocese of New Jersey, agreed with him.

Course in Public Health Administration.—A practical training course in public health administration will be conducted in New York City during the spring by the New York Academy of Medicine and the New York Bureau of Municipal Research. The contemplated course is planned to cover a period of six weeks of the course, public health experts of national reputation will conduct lectures and conferences; the last three weeks will be devoted to field study and observation of health work and institutions in and about New York City. Persons who enroll for the course must give assurance of attendance for at least the first three weeks. The purpose of this training course is to make it possible for health executives, by coming in contact with the leaders of public health thought and action in the United States, to acquire new ideas for use in their own work. The administrative rather than the technical medical side of public health work will be emphasized.

To Lower Infant Death Rate.—Honor banners are to be awarded by the division of child hygiene of the State Department of Health to municipalities and counties having an infant death rate of less than 100 to every 1,000 births. The banner may also be won by any town or township recording as many as fifty births during the last year. In 1917 the infant mortality rates of New Jersey, in municipalities which keep records, ranged from 37.5 to 276.

$8,000 for State Care of Feeble-Minded Blind Wards.

Burdette G. Lewis, state commissioner of charities and correction, urges that an appropriation of not less than $8,000 be made for the care and training of the feeble-minded blind. This action was determined upon at the regular meeting of the board of managers of the State Commission for the Blind at 147 Summer avenue.

It was originally asked that $16,000 be appropriated for this purpose. It was reported recently that the State Institution of the Feeble-Minded at Vineland, will be ab' after November 1 to accommodate a number of blind state wards.

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ONE HUNDRED AND FIFTY-THIRD ANNUAL MEETING OF

The Medical Society of New Jersey

NEW MONMOUTH HOTEL, SPRING LAKE, June 24 and 25, 1919

THE TUBERCULOSIS SITUATION AND TUBERCULOSIS CLINIC IN BURLINGTON COUNTY.*

MARCUS W. NEWCOMB, M. D.,

Medical Director, Brown's Mills Sanatorium, Brown's Mills, N. J.; Physician in Charge of Burlington County Tuberculosis Clinic.

Brown's Mills, N. J.

As medical men, we must consider tuberculosis as one of the most important diseases that we have to face at this particular time, in view of the fact that we have been in the world war and have just passed through the most severe and fatal epidemic of influenza that our country has ever known. We are certainly sure to have a large number of cases of quiescent tuberculosis lighted up by the hardships of military life and as a result of influenza. Already I have seen a number of soldiers who have active tuberculosis which was lighted up by camp life in this country, and when the men are all returned from the front we shall undoubtedly see many more cases. I have examined several medical officers who had had influenza, and at present they have active tuberculosis. No one disputes that these officers had old lesions when they were commissioned, but the lesions were not discovered.

We have always known that tuberculosis very often follows influenza and pneumonia. After such a severe epidemic as we have just had we must be on the alert and looking for the early symptoms of tuberculosis. We must watch our unresolved pneumonia cases very closely as they often develop active disease. We must also watch our pleurisy cases with or without effusion, as dry pleurisy is 70 per cent. or more tubercular and pleurisy with effusion is nearly always of tubercular origin. In my opinion, any blood expectorated after an attack of influenza, pneumonia, or pleurisy should be considered as coming from the lungs and due to a tubercular infection until absolutely proven otherwise.

A great many cases of tuberculosis have been discovered by the draft boards and the tuberculosis examining boards of the various camps of the country. Probably 50 per cent. of these men knew their condition before they were told. The other 50 per cent. were of course very much surprised when informed that they would be rejected on account of tuberculosis, as they had believed themselves to be perfectly well. This shows how important it is to educate the laity to the idea of having a thorough examination two or three times a year. We ought to have more public health lectures in order to educate the people in the care of their health and the prevention of disease. It is certainly very much better to try to prevent disease than to try to cure it when once contracted. We should advocate open air schools for the well. Why wait until a child is tubercular before putting him in an open air school? Why not put him in an open air school and try to prevent his developing tuberculosis? I think we would have a much healthier lot of children if we had none but open air schools.

*President's address at the annual meeting of the Burlington County Medical Society, January 8, 1919.

We all know that the county has established, at New Libson, a well-equipped and up to date tuberculosis hospital, which has no connection with the almshouse as it is under an entirely separate management. It is the opinion of most people that they are going to the almshouse if they go to the hospital. This is not true and every physician should try to impress this fact upon all of his patients who ought to be in the hospital. Why should these cases go to the county hospital? First, because they will get better care and food than they can possibly get in their own homes; second, because they will not be infecting their children, as most of them will not take the precautions at home that they will have to take in the hospital. It is a well known fact that nearly all tuberculosis patients became infected before they were ten years old. Some of the counties of the state have established preventoriums in connection with their tuberculosis hospitals. The children are taken from homes where the parents or some member of the family has tuberculosis. This is an excellent work and I hope we may have one in our own county.

If the county hospital fulfils its mission it must be a place of education, not merely a place for better care and treatment than the patients would receive at home. It must teach the patients how to take care of themselves so as to prevent infection to their children and others when they leave the hospital. It has been my experience that patients returning from tubercular sanatoria have a very different idea regarding tuberculosis, its treatment and prevention, than they had when they entered. They could not be induced to sleep with their windows closed as they were accustomed to do before entering the sanatorium. They do not cough without covering the mouth and nose with a handkerchief. They do not kiss their friends and children.

I understand that at present there are only seven patients at the county hospital. Why is it? When we were trying to get the hospital opened I sent out a questionnaire to the physicians of the county, asking how many cases they had that would go to a hospital if one was opened. There were about fifteen replies, reporting twenty-two cases, and that was over a year and a half ago. Where are the patients and why aren't they in the hospital? There are enough in this county at present to more than fill the hospital. They should be there, and thereby cease infecting their families and their friends.

I will read to you the number of cases and the number of deaths reported from each city and township in the county for the years 1916, 1917 and 1918 to October first. In this connection I should like to mention that we physicians should be very careful to report every case of tuberculosis as soon as the diagnosis is made. I was told at the office of the State Board of Health that some of the cases were not reported until they died. The leading tuberculosis authorities agree that in every community there are ten living cases for every death. Not in any year that I am about to read have we had reported two cases for each death:

	Cases	Deaths
Bass River Township		1
Beverly City	9	8
Beverly Township	3	6
Bordentown City	26	19
Bordentown Township	1	0
Burlington City	58	42
Burlington Township	1	3
Chester Township	34	15
Chesterfield Township	2	6
Cinnaminson Township	2	9
Delran Township	2	3
Easthampton Township	3	4
Evesham Township	5	6
Fieldsboro Township	2	1
Florence Township	49	25
Lumberton Township	4	3
Mansfield Township	1	1
Medford Township	4	5
Mt. Laurel Township	4	2
New Hanover Township	3	2
Northampton Township	32	31
North Hanover	1	0
Palmyra Township	11	9
Pemberton Township	80	17
Pemberton Boro	3	2
Riverside Township	10	22
Riverton Boro	1	5
Shamong Township	1	0
Southampton Township	7	7
Springfield Township	1	0
Tabernacle Township	1	0
Washington Township	8	4
Westhampton Township	0	0
Willingboro Township	2	2
Woodland Township	0	2
Camp Dix	204	7

With all of these deaths, where are our living cases and why isn't our county hospital filled, with a good long waiting list besides? The superintendent of our county hospital does not want it to be known as a morgue or a place for advanced cases only. If we, as medical men, will make a diagnosis early, we will have very few far advanced cases to send there. I repeat that we must take a careful history and consider carefully each symptom that our post influenza patients present if we expect to make a diagnosis while the disease is in an incipient stage.

Undoubtedly every member of this society

knows that a Burlington County Anti-Tuberculosis League was organized on April first. This league is financed solely by the sale of Red Cross Christmas seals and by private donations. This year there was no sale of Christmas seals, much to our regret. In the interest of winning the war, the National Tuberculosis Association agreed not to have the sale, so the Red Cross promised the association $2,500,000 to be divided among the tuberculosis associations of the country. We will get our share of that whatever it happens to be. We had planned to sell enough seals this year to net our league at least $2,500. I am sure we should have done so, as we have in nearly every town of the county a member of our executive committee who would have attended to the sale. When we organized we had $858.05, and since then we have had donations of $40, making a total of $898.05.

This league is for the whole county and not for any one place in particular. We have a full time executive secretary. It is the duty of the secretary to look up any patient who is reported to her and to ascertain what is needed in the way of sputum cups, paper napkins, clothing, etc. She has already made many such calls throughout the county. The secretary will be only too glad to hear from any doctor in the county regarding tuberculosis patients and their needs and will call to see them soon thereafter. There has been nearly enough money donated to buy a Ford car for the use of the secretary, who then will be better able to make her visits. We have been able to supply clothing to some of our cases who were sent to sanatoria and did not have sufficient clothing in which to make the trip. We have given out milk and eggs. We have had public health reels in the motion pictures in Burlington, Mount Holly and Riverside, with four minute talks on the prevention of tuberculosis, and we have planned to have many more this coming year.

I hope that some of you saw our exhibit at the Mount Holly Fair. It consisted of numbers of Public Health Bulletins, plays, and two minature rooms, one hygienic and the other unhygienic. There were lectures by representatives of the State Board of Health and the State Tuberculosis Association. We gave away a large number of tracts treating of the causes of tuberculosis and how to prevent it. We had a register which was signed by two hundred and twenty-five people who were not only from Burlington County but from all over the state. This shows that we may have done some good in other parts of the state than Burlington County. Our secretary was in attendance at the exhibit during the four days of the fair.

On April first, the league opened a tuberculosis clinic in the Board of Health room, City Hall, Burlington, to be held every Monday from 3 to 4 P. M. The attending physicians are Drs. Cassady, Gordon and myself. You may be interested to know that this clinic has been made the examining place for Burlington County patients desiring admission to the State Sanatorium at Glen Gardner. We have had the assistance of the different visiting nurses of the county on clinic days to help with the patients. This clinic is for the diagnosis and not for the treatment of tuberculosis. Any physician who wishes to send a patient to the clinic for an opinion may do so without being afraid that the clinic will continue to treat the patient. At the clinic patients are always given instructions how to live and what to do so as to prevent infecting other members of the family, such as covering the mouth and nose when coughing or sneezing, expectorating in sputum cups or tissue paper and burning it, never kissing their friends and children, sterlizing dishes by boiling, etc.

Up to the present time we have held forty clinics and have examined about 75 patients. Five patients have been admitted to Glen Gardner from the following places: Riverside, Riverton, Burlington and Vincentown; seven patients have been admitted to Fair View and two patients have entered sanatoria in Pennsylvania. The draft records in Mount Holly and Burlington have been examined, and a list of the rejections for tuberculosis has been reported to the State Association. Six rejected recruits have been located and offered assistance. One of these is at Glen Gardner, one went to Massachusetts, one was referred to Morris County, and one is considering going to Fair View. We admit all cases to Glen Gardner through the clinic, then when they leave the sanatorium they are discharged through the clinic. The secretary then looks after them and keeps watch to see how they are getting along. We should like to admit all cases to Fair View through the clinic and have them discharged through the clinic so that the secretary could look after them in their homes. We realize that one clinic is not enough to cover this big county but we have to make a start. We hope to be able to open more clinics in other parts of the county as soon as our finances permit. We also hope to employ two or three visiting nureses in the near future.

I hope that I have not tired you with this report of the work done in our county by the Anti-Tuberculosis League. As president of the league, I ask your hearty support and co-operation with us in our work. I am sure that you all agree with me that it is for the health and good of Burlington County.

A REVIEW OF WAR SURGERY AND ITS APPLICATION TO CIVIL PRACTICE.

Delivered at the Stated Meeting of the Academy of Medicine of Northern New Jersey, May 21, 1919, as the Annual Address of the Retiring President.

BY HARRY B. EPSTEIN, M. D.,
Newark, N. J.

Fellows of the Academy and Guests:

While it was my intention to depart from the time-honored custom of incorporating in the retiring president's address a review of the history of medicine and surgery for the last year—it seems that so much has happened in the year and a half past, that we should spend a few minutes in a systemic review of its far-reaching discoveries and experiences.

First—permit me to pay a glowing tribute to our colleagues—our worthy men, old and young, who answered the appeal of the nation for medical aid, on such a large scale. Our profession never honored itself in a more commendable spirit. Think of it, gentlemen, over one-third of the physically fit members of our craft left their homes, families and obligations, having no idea of the length of service or its dangers, while half of those who did not or could not respond gave their services to the local draft and advisory boards, Red Cross, etc.

As in all crises—doctors forget their material welfare. Selfish interests are soon dropped, and their devotion, whole-hearted and spirited, is given in all worthy causes. To my mind, one of the sensations of the Great War was not alone the spontaneous response to the call, but also the calibre of the men who enlisted their services to their government.

It was not long after we entered hostilities that we found the necessity for co-ordination, or teamwork. The system of psychological tests, special examinations at the medical officers' training camps, the establishment of the special schools in x-ray, anatomy, military surgery, medicine, special neurological and plastic surgery, orthopedics and sanitary science which, with their intensive courses seemed to supply the necessary elements to the various units as rapidly as they were formed. At the base hospitals also these conditions obtained. Men representing the specialties in medical and surgical science adapted themselves to their work and formed a frictionless machine. It was astonishing to find not alone the fine quality of their attainments, but also the lofty character and good fellowship.

Heretofore, armies operating in the field have always suffered from the ravages of dysentery, enteric and paratyphoid fevers—and the mild and pernicious malarial fevers. So much so was this a fact in the War of the Rebellion, that Grant fought the battle of Cold Harbor under conditions unfavorable to his men from a strategic point of view, but rather than have them spend a length of time in a region without sewerage or proper water supply, took his losses by fighting at a disadvantage, rather than take his losses by disease.

The so-called miasmatic diseases in this war, caused by flies, mosquitoes, polluted water and by poor sanitation was nil; and in the large camps it is our proud boast that we not only escaped epidemics, but that in many instances not one case of enteric fever was contracted there. We are indebted for this, in a large measure, to the work of Williamson of Chicago and other members of an efficient Sanitary Service. Then again the immunization against typhoid, paratyphoid, and smallpox so prevalent in past wars, was responsible for the absence of these diseases among our soldiers.

On the other hand, this war has brought out a group of diseases, transmitted by vermin, which caused much annoyance to our men serving at the different fronts. Spotted typhus was the gravest, while trench fever, supposedly brought from the Orient, was the mildest. Most of these diseases were caused by the body louse and were responsible for a low-grade fever with considerable debility, but no mortality.

One of the problems for the medical officers was the treatment of the psycho-neuroses, especially the now well-known condition of shell shock. This syndrome was caused by the vibration and noise from detonations, principally of high explosive shells discharged from heavy and light artillery pieces. This exposure of men, many of whom were exhausted by over-exertion and mental strain, caused many men to be absent from the advance zones when their services were urgently needed there.

If we were to stop and consider this cir-

cumstance—that as much ammunition was used in two days of the Argonne battle as was used in the whole Boer War—would it then be possible to conceive the trauma to the nervous system in those of unstable mental balance?

1. *Symptoms.*—usually the patient wandered about in a dazed condition, acted as though demented, halting speech and hazy memories. There was some difficulty in many instances in differentiating shell-shock from hysteria and, in some cases from malingering.

2. The *pathology* of this condition disclosed small petechial hemorrhages, not alone in the cortex, but throughout the substance of the brain in scattered areas.

The care and treatment of these casuals resolved itself into their removal to convalescent centres, or rather segregation to places of quiet, with pleasant environment—baths, re-education of weakened muscles, psycho-therapy and restorative medicines. Some of these soldiers returned to duty and remained fit, however many retained blank minds, tremors and some vasomotor disturbances.

In no phase of war surgery has x-ray examination played so helpful a role, as in determining the presence of foreign bodies and ascertaining, with a suitable degree of accuracy, their anatomic positions.

At the beginning of the present war the methods in general use were essentially those developed several years ago. It involved the use of considerable mechanical apparatus. Development and, later, mensuration of shadows on photographic negatives became more accurate and proved to be a more satisfactory method of localization for military hospitals where speed and simplicity were found essential.

The "nearpoint" estimation of the exact location of foreign bodies was found by placing a rod with tacks driven into each end nearest the foreign bodies and their position was determined by differential pressure and displacement with the aid of the fluoroscope. The relative depth of the missile or foreign substance was usually accurately determined.

The portable x-ray apparatus devised by Major Scheerer and Dr. Coolidge proved the most effective device employed for taking all kinds of x-ray plates and performing fluoroscopy. The cathodal end of the Coolidge tube was filled with a small radiator which could withstand a current of from 3 to 10 milliamperes for a considerable time. This discovery served to obviate production of inverse currents of electricity and of overheating. At the x-ray school at Oglethorpe large classes were given intensive training in x-ray physics and technic, so that every few weeks, able men were sent to the various units, supplying our base hospitals and foreign service with roentgenologists.

The control of parenchymatous bleeding from the viscera by means of autoplastic grafts of muscle was first made in this war. Control of liver, kidney and lung bleeding has always been a problem in surgical technic; the difficulty being in having the sutures hold. The tissues of these viscera being friable, catgut as a rule tears out, especially when we come to tie the suture, thus increasing the rent when traction is made upon the catgut.

The method of dealing with these wounds is this—section a piece the quadriceps extensor from its belly, after ascertaining the size of the graft necessary after the abdomen is opened; then place two or three stitches of catgut after the Lembert method; now, without traction, place the muscle graft over the wound in the viscus and tie without traction so that the muscle comes in place upon the rent. We have performed this operation upon the lung and liver of living dogs and found it immediately successful.

It seems to me that the most epoch-making feature of the medical advance in the treatment of wounds was the application of chlorine in its various forms—the chief methods being the Carrel-Dakin Dichloramine-T. The use of chlorine in surgery and in medicine in modern times is essentially a French development. Not alone has chlorine been used in medical and surgical practice in France, but chlorine is their national antiseptic, deodorizer and disinfectant, used by the peasant as well as by the middle classes.

When one leaves the beaten paths of travel, the large cities such as Paris, we find the absence of modern sanitary equipment in the homes and public places. The disposal of sewage and drainage is very medieval.

The use of chlorine by the French people is limited to the "Eau de Javelle" when the sodium salt is used—while Eau de Labarracque when the carbonate of potassium is employed. Bleaching powder or, as we familiarly but erroneously call it, "chloride of lime," lends itself to practical value on account of its cheap cost; but scientifically on account of the rapid availability of obtaining chlorine in its nascent state. For many years free chlorine compounds were

used for deodorizing foul smelling ulcers and wounds and Dakin rapidly sought its use in war wounds and, with the aid of other Frenchmen, found the working percentage in wounds between 4.5% to 4.9%.

It was Carrel who paralled the work of Dakin with the study of the bacterial fever complicating injuries due to the result of shrapnel wounds from explosion of high explosive shells, carrying with them foreign bodies and infection. After finding the diminishing number of bacteria in these lesions he conceived the idea of removing the track of the injury and performing closure. In this way they brought us back to Listerism by converting infected wounds to asceptic ones, and obtaining primary union in over 84% of their cases. We are indebted to these French scientists for their painstaking labor which brought such fruitful results and throughout the period of hostilities taught their methods in our surgical schools, principally Rockerfeller Institute.

Much depends upon the many complicated steps in the technic of its use, such as frequent titrations owing to the tendency of the solution to become alkaline, and the frequency of its application when the chlorine is exhausted, the protection of the skin from irritation by the vaseline-paraffin-resin ointment, the necessity of complete contact of all the recesses of the wound with the light gauze packing, the preparation of the tubes with closed ends with covering of Turkish towelling, the periodic cultural tests, etc.

While there were and are many carping critics, the profession is in a very large measure united in the benefits derived from its use. In our base hospitals, where the casuals were brought, it was not an uncommon incident to hear the wounded beg for the Carrel-Dakin treatment. As to its practical value in civil practice there is much difference of opinion, owing to the paucity of chemists necessary to prepare and titrate solutions when needed. But for military surgery it is undoubtedly the greatest advance since the time of Pare'.

The use of dichloramine-T, which consists of mixing the powdered drug with chlorcosane, a compound of the paraffins of the middle series, it also finds many advocates, but it is a more expensive, more elaborate preparation, but less practicable.

While the use of the Carrel-Dakin solution required a large personnel in its application, a great deal of apparatus in its preparation, testing and use, and though it could not be used when the soldier was in transit, it has stood the acid-test and must be given the first place in the art of military surgery.

In the use of Dichloramine-T, we find it stronger in a germicidal way than the Dakin-solution. May be used in 5-10 or as high as 20% solution, 5-8 being preferable. The wound requires but one dressing in 24 hours. It was used at first by mixing the powder with oil of eucalyptus and injected into wounds in glass syringe or by spraying, but was found too thick, so carbon tetrachlorid was added. Dichloramine-T should be kept in amber colored bottles.

When chlorcosane was found to absorb 50% of its volume by weight of chlorine it answered the purpose better than any other solvent. Everything coming into contact with the wound was handled by sterile instruments, so that the sterile ritual is rather severe. All devitalized tissue was removed, all bleeding controlled and freshened surfaces sprayed with Dichloramine-T solution and immediately sutured. Sweet reported 1,200 consecutive infected major wounds without a single infection treated in this way.

The Bipp treatment introduced by Rutherford-Morrison of England, consisted of bismuth—1 ounce by weight; iodoform—2 ounces by weight; liquid paraffin—1 ounce by weight. The objections were that it interfered with the use of the x-ray, owing to the difficulty of the ray passing through the metal, the danger of gas gangrene in wounds after closure, and the danger of bismuth and iodoform poisoning.

The soil of the various countries differs in the infection caused by ground dirt coming in contact with raw surfaces. The soil of France, owing to continuous cultivation with chemicals is supposed to be responsible for this phenomenen.

Gas gangrene caused a great deal of annoyance in war injuries. This was caused by the bacillus of Welch, the bacillus Aerogenes Capsulatus and, when associated with the streptococcus and staphylococcus, was fatal in from 15 to 24 hours.

The treatment was immediate removal of the focus by excision, the application of Dakin solution, and when occurring in extremities, gave rise to the performance of the so-called guillotine amputation and, when the patient did recover, reamputation often became necessary though, with traction upon the soft parts this was often obviated.

Tetanus was not an infrequent incident and was treated by the injection of from 500 to 1,500 units of antitoxin through the

lumbar route. It was found that fewer cases of anaphylaxis developed by this method.

WOUNDS OF THE LUNGS.

Up to August, 1916, gunshot wounds of the lung were not treated by surgical operation. Out of a series of 3,000 cases the mortality was 30%. The cause of death were hemorrhage, mechanical embarrassment of respiration from open thorax and, above all, infection of the lung and pleura. This high percentage of mortality showed the gravity of the character of these injuries.

Investigation clearly showed that a gunshot wound of the lung presents exactly the same lesions as does any other war wound and is subject to the same evolutions. Anatomically, a wound of the lung, like any other wound, shows a more or less considerable mass of damaged tissue, devitalized by the actual injury.

Surrounding the zone of cellular mortification, there is a zone of interstitial hemorrhage. The wound of the lung may contain foreign bodies, such as fragments of shell, portions of clothing and sometimes pieces of bone, when there is a fracture of the ribs or of the scapula, which are driven into the wound.

These injuries must always be considered infected ones, contaminated by the same anerobic germs which infest all war wounds, that is—the bacillus perfringens, bibrion septicus also streptococci and staphylococci and, in addition, some germs coming from the lumen of the bronchi.

The danger of infection of the pleural cavity adds to the gravity of these cases. Infection of the lung develops from foci of pulmonary congestion. They may vary from a small focus to gangrene of the entire lung. Infection of the pleural cavity arises from the passage of the projectile or, secondarily, from the thoracic wound or from the wound in the lung. Gangrenous pleurisy killed, in from 48 to 72 hours, and is due to germs carried in by the missile itself.

According to French statistics, the mortality of cases of infection of the pleura was 30%. Taking into account this terrible death rate and the similarity of wounds of the lung, to all other war wounds, it appeared right to apply to wounds of the thorax that logical surgical treatment which we apply to other wounds. Since 1916 all wounds were treated by mechanical excision of the wound, complete cleansing of the pleural cavity and primary suture of the chest. The indications were, serious external hemorrhages, open thorax and embarrassments in repiration.

Through and through wounds made by rifle bullets, without hemorrhage, were not operated on, but when x-ray showed intrapulmonary hematoma it was operated on. These operations were performed upon fluoroscopic tables.

The operation consisted in the removal of 10 centimetres of one rib and wide opening of the pleural cavity at the fourth rib in the anterior axillary line; this was the chosen site, but sometimes the fifth rib was selected. The lung is grasped, search made for foreign bodies, which are removed, lung brought into the wound and vessels ligated, dead and damaged tissue are removed and suture done in 2 or 3 tiers.

Cleansing of the pleural cavity must be carefully done and the external wound closed either by suture or, as Bastianelli sometimes employed, rubber bands larger but having a shape resembling the Champetier-Ribus bag. Here again, the French surgery prevailed by practical suggestion and delivered us from the cumbersome use of the Sauerbruch cabinet and other negative pressure apparatus.

As to Orthopedic surgery, here again, much was done by workers in this field. The institution of the Balkan frame, the Hodgson and Jones splints and the practical value of these invented by Barry of the U. S. General Hospital No. 3 at Colonia, saved much deformity, especially ankyloses.

How differently our Great Government is handling our cases of deformity in this last war! May we describe this as the salvage of the crippled? Whereas after former wars the deformed were lionized for a time in the post-bellum days, paraded once or twice a year, were given a small stipend in the nature of a pension, which made them feel, more than anything else their helpless condition and a great sense of injustice; our Government renders the unfortunate man as fit as it is possible to make him; applies the latest appliances to his limb, and then teaches him a vocation whereby he may earn his living and, if not as well as before his heroic sacrifice was made, adds a reasonable sum, so that he may retain his self-respect by helping himself and his dependents. While formerly they constituted the flotsam and jetsam of almost every community.

Much more could be added in this superficial review of what has happened in the last 18 months—the use of serums, commissions appointed for the study and methods in treating empyema, the invention of

instruments, etc.,—but Major Ney has kindly consented to give us his lecture upon another constructive element in war surgery.

In conclusion, gentlemen, your attention should be called to the work done by the officers of this body in planning for the future of our organization.

We have under consideration plans for our Academy—for a permanent home with an auditorium, section rooms, museum, library, banqueting hall, laboratory, etc. This, too, belongs to us. What a stimulous this will be for us to promote the scientific welfare of our members!

Our incoming president, Dr. John F. Hagerty, has his programme committee at work for a proper reception for the officers returned from service—this reception is to include the ladies.

Furthermore, I wish to announce the fact that our library has been augmented by the addition of over 500 volumes given by our late lamented president, Dr. Adrian A. Strasser—that good fellow who always gave his best in any field of scientific interest which appealed to him. Much of the success of this body is attributable to his conscientious and painstaking ability.

And now, my thanks for the honor you accorded me in having me as your presidet during the year past; coming at a critical time, I have had the co-operation of the earnest men who constitute our council and that of Dr. E. D. Newman, without whose enthusiastic labors, and thorough dependability, this society would certainly suffer.

I hope that we shall unite with our new executive in showing a profound interest in the work of making the Academy of Medicine a great teaching institution.

A SUCCESSFUL METHOD FOR THE TREATMENT OF GONORRHEA IN THE MALE.

By CHARLES H. DE T. SHIVERS, M. D.,

Captain, M. C., U. S. A.; Chief of Urological Department, Camp Dix, N. J.

Atlantic City, N. J.

Individuals in the past suffering from Neisserian infections have been more or less neglected. A great many of the small towns and cities do not provide means of free treatment for their poor, whereby it is necessary for them to consult the barber or druggist when they wish to obtain advice or treatment. Others with more means may go to the busy general practitioner who has not the time to give these cases the proper amount of study, or the facilities at hand to administer treatment. These facts were brought out very clearly by so many men entering the army from civilian life infected with this disease. Again one may hear the statement made that it is impossible to cure gonorrhea; this is entirely erroneous as has been proven in the Urological Department at Camp Dix, where over 6,000 cases in seven months' time were under treatment, mostly for chronic gonorrhea, and with few exceptions the patients were all discharged as cured.

For the purpose of treatment new acute cases, and acute exacerbations of gonorrhea may be divided into three stages: first, acute; second, sub-acute; third, chronic. In the acute stage the anterior urethra alone should be treated, not with the idea as was formally supposed of driving the organism back, for all Neisserian infections involve the posterior urethra before the case is finally cured regardless of treatment, but to prevent undue irritation of the posterior urethra during the acute stage of the disease, with resultant congestion of the parts, which predisposes to extension of the infection, with acute involvement of the posterior urethra, prostate, vesicles, and epididymis. So until the fourth week when we reach the second or sub-acute stage the anterior urethra alone is treated. The patient should report to the physician once a day for a copious anterior irrigation; the examination of the urine and external genitalia should precede each treatment. Smears from the urethra are examined from two to three times a week. If the patient complains at any time of soreness in the groin or vas a careful examination should be made to determine the extent of involvement; all local treatment is at once suspended and if necessary the patient is put to bed and the proper treatment for the complication applied, until all symptoms have subsided, and the parts returned to their normal condition.

During the ascending stage of infection sandal wood oil five minims three times a day should be given; when the declining stage of the disease is reached five grains each of copaiba and urotropin may be substituted. The patient's bowels should be kept open by the use of an appropriate laxative, preferably epsom salts every other morning before breakfast. The patient should abstain from all but a small portion of albuminous foods, all spices and alcoholic liquors, and should rest, preferably with the feet propped up, four hours a day; two in the afternoon, and two in the forenoon. All things must be kept away from him that stimulate sexual excitement, for this will of-

ten prolong the acute stage of gonorrhea for weeks. If they suffer from erections, bromides should be given in suitable doses. The patients should be instructed to drink plenty of water through the day, taking the last with their evening meal, and to entirely empty the bladder just before going to bed: in this way one will avoid considerable trouble, such as painful erections, etc., which keep the parts congested and pave the way for further infection. If the patients are intelligent they should be given a glass syringe that can be easily sterilized, and a bottle of solution for injecting the anterior urethra following each urination; this should be held in the urethra from five to ten minutes.

As soon as the gonococci become extracellular, the pus cells decrease, with an increase in the epithelial cells, the astringent solution to the anterior urethra should be started; giving three injections a day following urination. This should be held in for at least ten minutes. The cases report once a day as usual to the physician for germicidal injections to destroy the remaining gonococci, and to have the progress of their disease carefully watched.

At the end of the first stage, or during the fourth week, after examination of the urines, and providing there are no contraindications, the through irrigations to the bladder are started. The patients report for their treatment now only twice a week. It is quite possible that some cases are ready for posterior treatment before the fourth week, but we came to the conculsion after giving 70,000 treatments it was best to wait that length of time; of course with some it is necessary to postpone the treatment much longer. The patient may or may not during this period receive their astringent injections.

During the sixth week we can usually say the chronic stage starts. At this time the patient's prostate and vesicles should be examined, and treated if need be. If the vesicles are found negative and the prostate infected, the latter are not examined again until just before the patient is discharged, when a second smear is made to determine their condition. The prostate receives massage once a week, preceded and followed by copious urethral irrigation. Before discharging the patient as cured, six negative smears to gonococci should be required with not more than five pus cells to the field in the last three smears. This same requirement holds good if the vesicles are involved. We had the opportunity in this department to study 1,000 cases of chronic gonorrhea (with deep infections); using the Gonorrhea Complement Fixation Test as a guide. It was found that from six to eight weeks following the disappearance of the organism from the prostatic or vesicular smears this test would become negative. It is very necessary in all of these cases to make a most thorough search in the prostate and vesicles for remnants of infection; the first few smears obtained may be negative, evidence of infection appearing in the fourth or fifth. Another important item in the treatment at this stage is the proper use of the steel sound; beginning with a number 18 F. (providing there are no small caliber strictures), and in most cases working up to a number 26 F., some may go higher. One sound should be given a week, and each treatment preceded by irrigation through to the bladder; the patient retaining the solution until after the sound is withdrawn. Each sound should remain in the urethra from five to ten minutes, and massage of the urethra should be practiced over the instrument, in this way expressing the contents of the urethral follicles, increasing the blood supply to the parts and aiding in the absorption of any infiltrated tissue.

Acute exacerbations should be treated in exactly the same way as the new acute cases, except one may start the through and through irrigations just as soon as the subjective symptoms subside, which generally takes about two weeks. During the fourth week in most cases it is safe to begin direct treatment to the posterior urethra. In this class of cases, especially if they have had repeated attacks, the vesicles are more often affected. After the acute condition subsides it is often necessary to use the endoscope in making a diagnosis, and for the purpose of applying appropriate treatment. It is not advisable in any case to give treatment to the posterior urethra oftener than twice a week.

It may be well to mention here the treatment necessary for the successful cure of the old chronic gonorrhea cases. Those that have been going the rounds for months or years, from one physician to another. Some are lucky enough to receive careful study, others are put aside with a prescription, some more may be classed as neurotics; this latter holds true, especially where there is prostatic involvement. It was shown in this camp that of the 6,934 cases under active treatment at one time only 119 were contracted after enlisting in the army. Most of these cases were chronic, and on going carefully into their history we found that

about one case in every 500 had received appropriate treatment for their conditions.

The first and most important item in the treatment of chronic gonorrhea is to make a correct diagnosis, which is not always an easy task, and requires the study of one who has had proper training in this specialty. It is impossible in these cases to work without the aid of the cystoscope, endoscope or cysto-urethroscope; after the diagnosis is made the treatment is applied accordingly. It is necessary in all cases to make a rectal examination to determine the condition of the prostate and vesicles by palpation, and to collect their contents for examination under the microscope. It is rather a simple procedure to make a positive diagnosis of prostatic infections, but the proper examination and treatment of the seminal vesicles is far more difficult, requiring considerable skill and experience. In a report from 2,907 of our chronic cases 98 per cent. of them showed prostatic infection. The vesicles are next most frequently affected.

A complete history of every case should be taken, and a careful study made of the urines. If one is suffering from a mild infection of the prostate and prostatic urethra, he should receive prostatic massage once a week with irrigations, alternating with sounds, and instillations to the posterior urethra. The Kollmann posterior dilator is a useful instrument in cases of submucus infiltration. If the verumontanum is involved as shown by an examination through the cysto-urethroscope, local applications of 10 per cent. silver nitrate should be applied directly to the part; or it may be necessary to open the superior wall of the utricle when this harbors inflammatory exudate. In other cases it may be advisable to catheterize the ejaculatory ducts to promote drainage in cases of seminal vesicle infections. In examinations of the anterior urethra showing chronic glandular involvement, there should be applied to the mouth of the gland a 10 per cent. solution of silver nitrate; if this is not effective then the galvanocaustic needle should be used.

The neck and trigone of the bladder are more commonly involved in cases of chronic posterior urethritis than was formerly supposed. We cystoscoped 200 cases, giving a history of chronic recurring gonorrhea that suffered frequency of urinaton, and found the trigone involved in 33.09 per cent. of the cases. Very excellent results were obtained from instilling 20 drops of a 1 to 10% solution of silver nitrate to the trigone of the bladder once or twice a week, at times alternating with the Kollmann posterior dilator.

It takes from eight to nine weeks to cure mild cases of chronic gonorrhea providing there is no infection of the vesicles. With vesicular involvement the time required for a cure may be from six months to one year.

We have been using in the Camp Urological Department several different preparations for the treatment of gonorrhea. A drug called mercurophen put out by the Polyclinic Hospital Laboratories, Philadelphia, has proven very successful. It is used in dilutions of 1-5000, 1-8000, 1-10000. Mercurophen has been designated chemically as "Sodium Oxy-Mercury Ortho-Nitro Phenolate," containing 53 per cent. of mercury. In recent experiments carried out with this drug, it was shown that "Mercurophen does not percipitate proteins in dilutions as low as 1-200, and that it maintains a high degree of germicidal activity in the presence of a rich protein medium. That solutions of mercurophen in pure distilled water kept in tightly stoppered bottles to prevent evaporation, do not undergo change in germicidal activity over long periods of time."

We have studied the action of mercurophen from a clinical standpoint and find it very satisfactory in the treatment of certain stages of acute and chronic gonorrhea, when irrigation methods are indicated. Its germicidal properties are apparently greater than silver proteinate or potassium permanganate, for when it is used there is a more rapid disappearance of the gonococci from the urethral discharge, with a greater decrease in the number of pus cells per field, as shown by microscopic enaminations. The urethral discharge of 119 new cases of acute gonorrhea, up and about, receiving daily irrigations with potassium permanganate 1-5000, were compared with 50 cases suffering from the same condition receiving daily irrigations of a 1-5000 mercurophen solution. It was found that the average duration of the urethral discharge in the first group was 28½ days, and in the second group from 18 to 20 days.

Mercurophen seems especially well adapted for anterior irrigation, as we have found it to be non-irritating (it does not stain the clothes, which is an item of importance when the patient is taking his own injections), in fact it has soothing affect upon the anterior urethra. When given through to the bladder the drug causes some irritation, with frequency of urination, this may last from

20 minutes to two hours. If the patient will drink several glasses of water preceding each treatment he will avoid to a considerable extent this disagreeable symptom. Microscopic examinations of the urines following these treatments show no evidence of tissue destruction, nor have any of these cases while under treatment developed complications. Potassium permanganate 1-5000, and silver solutions (proteinate in ½% solution, and silver nitrate for local application in from 1 to 20% solution) have been used for the treatment of a great many thousand cases in this department, and the results obtained have been very good. The value of silver nitrate for local application in cases of old chronic posterior urethritis cannot be disputed. From our limited experience with mercurophen we are inclined to prefer it to either silver proteinate or potassium permanganate when irrigations of the urethra are called for. Under mercurophen the course of the disease is not shortened, the urines remaining cloudy, or hazy, the same length of time, as when the patient is receiving potassium permanganate or silver solutions, but the disease from the start seems to take a more sub-acute course, giving the patient very little if any inconvenience. We have only been able to study the action of mercurophen in the treatment of gonorrhea for the past four months, but after further investigation it may be possible to give a more accurate clinical comparison between this drug and the others that we are more accustomed to use.

In conclusion it may be stated:

1st. All cases of gonorrhea properly treated may be cured.

2nd. All cases of anterior urethritis extend into and involve the posterior urethra regardless of treatment.

3rd. That it is not safe to discharge, as cured a new case of acute gonorrhea before twelve weeks have passed, and during the last six weeks of that time a most thorough search should be made of the prostate and vesicles for evidence of infection.

4th. That it takes to cure chronic, or acute exacerbations of chronic conditions from eight to twelve weeks, providing the vesicles are not involved.

5th. That cases showing vesicular or prostatic involvement should be required to have six negative smears to gonococci, with not more than five pus cells to the field in the last three smears.

6th. The treatment outlined in this article was given to over 6,000 cases suffering from acute and chronic gonorrhea, with most excellent results. In one lot of 2,907 chronic cases discharged, there were only six recurrences, and these had vesicular involvement.

7th. The treatment of chronic gonorrhea is a difficult problem, and requires the attention of one who is well skilled in his speciality.

8th. All cases of chronic gonorrhea involving the urethra should have sounds properly used.

9th. That irrigations to the posterior urethra in acute cases should not be given before the fourth week, in acute exacerbations the second week. No direct treatment to the posterior urethra, prostate or vesicles in acute cases before the sixth week; in acute exacerbations before the fourth week.

10th. It is not advisable to given posterior treatment oftener than twice a week, and the patient should be instructed to take things easy for at least twelve hours following such treatment.

11th. The routine use of mercurophen and silver preparations have proven most successful in the treatment of gonorrhea.

12th. It may be necessary in certain selected cases to vary from the above outline of treatment, but in this the physician giving the treatment must use his own judgment.

AMERICANISM.*

AN APPEAL TO THE MEDICAL PROFESSION TO ENTER PUBLIC LIFE.

By Wells P. Eagleton, M. D.,
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Newark, N. J.

"He serves me most who serves his country best."—Pope.

Two years ago, we doctors were facing the problem of how to help defeat Germany. After submitting patiently—too patiently I think—to repeated insults and attacks, the nation at last had drawn its sword and we were asked to do our share in defense of righteousness and representative government.

We did it well. In no other walk of life were there proportionately as many voluntary enlistments; in no other walk of life were the sacrifices greater or more freely given. The medical profession literally threw itself at the Surgeon General's office, regarding it a privilege to serve the nation.

*Address as toastmaster at the "Victory Dinner," the thirty-fist annual banquet of the Practitioners' Club of Newark, N. J., May 5th, 1919.

The medical conduct of the war may not be above reproach; but the conduct of the medical profession during the war will always remain one of the glorious pages in our history.

Public affairs today are largely controlled by two classes, the professional politicians, who are frankly in the "game" for themselves, and a group of men, cloaked with respectability, of high moral phrases, but whose methods and lack of principle are the same as the politicians. I can tolerate the professional politician—I know what to expect of him—but towards the latter class I feel as was remarked of an off-colored play, "I can stand a nasty show providing it does not pretend to be a morality play." In the past the public, the business man, the politician, the statesman have discouraged the medical man from taking part in public affairs; they said he was not practical—he was not business like—he had no business ability.

Today we look forward to the great problems of reconstruction. The world today is different from the world when Germans violated Belgium. The so-called practical men plunged the world into chaos. New types and new methods must build the new and better structure.

They say we doctors are dreamers—as if being a dreamer disqualifies you—it *makes you,* providing you dream of service to others, and not alone of your own interest. The leaders of today must be dreamers—

"World losers and world forsakers,
On whom the pale moon gleams;
Yet they are the movers and shakers
Of the world forever, it seems."

What is the usual explanation of all differences with President Wilson's policies. "Oh, he is a school teacher!" If he had been a lawyer, a business-man, or a politician, his mistakes would not have been attributed to his training, but to his personality and intelligence. I may or may not agree with President Wilson in all his acts and methods, but I know that having elected to be a school teacher, associating himself with idealists striving for worthy things, thus sacrificing the prospect of large personal pecuniary benefit, has made him a better president than he would have been if his training had been that of the "practical business-man."

While at Camp Dix I realized that he is not the best American who merely goes to war; but he is the best American who practices Americanism every day during peace as well as war.

What is Americanism? My conception is that it is belief in representative government—belief in our institutions, and *aid in their evolution and development.* Aid can only be given through personal sacrifice—sacrifice of practice, of leisure, of money.

We talk about democracy. A true democracy is still an ideal, not a reality; we do not live in a true democracy; but we live in the best experiment toward true democracy the world has ever seen; and it is up to you and me to help bring it nearer a true democracy.

Why do I believe that doctors are especially qualified for public office? Because the medical profession is filled with men of ability, integrity, independence, patriotism and vision, and what is unusual, *men trained in habits of sacrifice.*

Let us consider: the church as an organization of moral force, that defaulted when Belgium was invaded. In the City of Newark but two pulpits raised their voice in defense of the moral issue. "Peter sat by the fire and warmed himself." Why? Because by its organization the church cannot draw to itself truly independent men in large numbers; their position and livelihood is held only on sufferance. The church must reform itself—its organization—if it would regain real leadership. Every competent physician, because of his knowledge, becomes independent—no man need be his master unless he so wills it. He can serve his God in his own way without fear of starvation.

Let us examine the better classes of business to see how they are qualified. A group of men are seated around a table as directors of a financial institution, nearly all under personal obligation to the organization they direct. Can men be qualified to direct a bank when they are borrowing from it? "I vote to loan you" $5,000, and "you vote to loan me" $5,000, or $25,000 or $100,000 or half a million. A director of a trust or banking company who borrows from that institution, by that very act disqualifies himself from properly performing the duties of his office. I could take a group of doctors who would conduct a financial institutions better than business men—who would protect its depositors and stockholders better—because by their training and ethical standards they would work for the safety and honor of the institution.

The newspapers—I take off my hat to the loyal press of America. The newspapers

as a class were the ones that held fast to the great moral issues that ultimately carried us into the war; if it had not been for the newspapers I do not think we would have ever entered the war; but independent, loyal editors saw the real issue and pounded away, pounded away, day after day, week after week, indifferent to the accusation that they were controlled by British gold. They voiced the true sentiment of America. So much for their patriotism; when, however, you touch their paying advertisements, or jeopardize their circulation immediately financial, not ethical considerations control them. A group of surgeons, seeing the large and unnecessary sacrifice from cancer of the uterus, felt that women should be informed. A frank but delicate statement of the importance of heeding the early symptoms was prepared for the press as the widest medium of publicity. Time passes, the statement does not appear; and to the query "why not?" the answer was "our policy is not to publish anything that might needlessly embarass our readers."

Go to a publisher with a book; he does not ask whether the publication is going to add to human knowledge and advancement; he asks whether it will sell; whether there is money in it?

Underlying business—the whole of it—underlying every business—the first consideration is how to make money. We doctors by our education, by our associations, by our daily practice—even although at the start we may be like the practical business man—gradually, by this education, by this association, by this daily practice, gradually our first consideration becomes to help our patients; to add something to the sum of human knowledge and happiness, and the making of money becomes but secondary. These elements of character and training are especially needed in public office today. The times demand men of vision who are willing to sacrifice themselves for the public good. There can be no true vision where personal aggrandizement is the fundamental basis of life. The financier, the business man, the politician, dream of money; the true doctor for all time dreams of work accomplished for humanity.

In deciding to enter public affairs you must realize that, because you are a physician, you will never be invited, and if you enter you will not be welcomed; you must *force* yourself in. Recently I was at a dinner given in honor of a physician, formerly mayor of one of our large cities. Nearly 200 representative men welcomed him back to his native town. During the evening, his administration as mayor was declared to be the best the city had ever known; when however it was suggested that he should be returned to office for the improvement and betterment of the city, every politician present immediately declared that he had already made too great a personal sacrifice! He must devote himeslf to his private practice. I had to smile at their manifest nervousness.

The time has come when we must realize that it is our duty to serve our country—every day—year after year; not alone to be at the disposal of the government during war but helping *to make* the governmnet in times of peace; for it is *our* government, and it will be as good or bad as we make it.

I say to you tonight that every doctor, because he is a doctor, must force himself into public life. The nation needs you, not alone as in the past, simply because of your profession, but because of your trained thoughts and habits—thoughts and habits of service to others—thoughts and habits of sacrifice to a cause, love of humanity, love of accomplishment, love of country.

And your reward will be the consciousness that you are fullfilling your obligations as an American: practicing Americanism.

But you will say "I cannot afford to give the time"; you must—the nation needs you. You afforded the time when we were at war—the nation needs you *now*.

Clinical Reports.

Sarcoma of the Middle Ear.

Drs. Regules and Alonso, in Revista Medica del Uruguay, say that the case they report is the first case of sarcoma on record in which the diagnosis of cancer of the middle ear was made before the tumor had invaded the auditory canal or the external portion of the mastoid. With Grasser's case of endothelioma and Neumann's of metastatic adenocarcinoma, it forms a group of three cases in which the membrane was intact. Their patient was a woman of 35 with left peripheral facial paralysis and trigeminal neuralgia with total deafness on that side. There was nothing to suggest an intracranial tumor. The tympanum was red but there was no discharge. Paracentesis caused profuse hemorrhage and gave the sensation of a tumor mass filling the tympanum. The operation showed that the very small vascular tumor penetrated a dehiscence in the bone but the walls and ossicles were otherwise apparently normal. The wound was left open for the purpose of applying radium treatment. The case is compared with 38 on record, including 19 of epithelioma, 14 of

sarcoma, and 2 of malignant cystadenoma. The tendency to metastasis is slight, and the lymph glands are seldom involved. Only 4 of the above cases presented manifest metastasis in cerebellum, lung or ribs or involvement of the glands.

Version of Bullet in the Cerebellum.

Dr. George Jefferson, in the British Jour. of Surgery, reports a case of gunshot wound of the skull, in which a skiagram, taken immediately after the accident, revealed the rifle bullet in the right lobe of the cerebellum. The bullet was shown with its nose pointing downwards, forwards, and inwards. Nineteen days later a further skiagram was prepared, and it was seen that the bullet was lying in a more posterior position, while its nose was pointing upwards, backwards and inwards. He quotes Flouren's statement that bullets introduced into the cerebrum or cerebellum tend to sink to the base. This movement is considered due to the action of gravity, to local softening, and abscess formation, and to the pulsations of the brain. Version itself is probably caused by the uneven distribution of the weight in the bullet itself (the posterior half being heavier), and possibly to a leash of vessels which impede the sinking of one end. The bullet was easily extracted and the patient made a good recovery.

Anatomic Anomaly of the Scapula.

Dr. Koffer, at a meeting of the Washington University Medical Society, St. Louis, reported this case:

This patient was referred to the hospital from the Orthopedic Clinic for pes cavus. Family history and past history negative. The left pes clavus or clawfoot is congenital. She complains of pain about her ankle and great toe. General physical examination is negative except for her shoulder girdles and left foot. The patient holds herself with shoulder thrown forward, with marked prominence of suprascapular musculature. She is unable to bend her head backwards. There is a marked prominence of her seventh cervical vertebra and limitation of motion of the scapulae which are similarly deformed. Instead of a thin, medial edge of her scapulae, there is a thick one. No acromion process can be palpated. Just below the seventh cervical vertebrae there is a depression, marking the site of the spina bifida occulta. There is an impulse over this area on coughing. At the edge of the sternum, below the sterno-clavicular joint there is a nodule which appears to be in the cartilage of the first rib. The left foot has some shortening of the tendon Achilles with marked shortening of the plantar fascia, causing curvature of all the toes of the foot.

Urine negative. Blood Wessermann negative. Temperature and pulse normal. The roentgen ray shows the scapulae to be raised about two ribs. The root of the spine of the scapulae is at the level of the superior angle in this case. At the vertebral border, reaching over to the defective vertebrae, is an extra plat which may be an ununited epiphysis of the vertebral border. This possibly causes the elevation of the shoulder-girdle along with the contraction of the rhomboids and trapezius. There is a hiatus in the seventh cervical and first and second dorsal vertebrae. There is present a cervical rib which curves around and seems to attach at the edge of the sternum below the sterno-clavicular joint at the site of a nodule of bone which was palpated.

Dr. Sachs in discussing this case, said: This is a very remarkable anatomical abnormality. The patient's appearance is striking. Note the way she holds her shoulders in raising the arms. The peculiar piece of bone which in the stereoscope seems to run torwards the vertebral column has been particularly interesting to anatomists. Dr. Terry unfortunately could not come to the meeting but he has examined the patient and has asked me to read these notes. The positions of the two scapulae are symmetrical but abnormal, the bones lying between levels corresponding to the sixth rib and a plane 2-3 cm. above the first rib; also they lie nearer the vertebral column than is normally the case. Both the scapulae and clavicles are abnormal in form; the latter much curved in its lateral third and very broadly expanded and presenting a development throughout more robust than is typical of the bone in women. The scapulae are nearly symmetrical; coracoid appears normal; spine strongly developed and with very broad acromion; upper margin and superior angle of bone raised but slightly above level of spinous process. Vertebral margin seems to be articulated with a triangular plate of bone, the apex of which reaches nearly to the first thoracic vertebra, which is deficient in its arch (spina bifida). Movements of arm normal; of shoulder-girdle restricted in rotation of scapula (patient cannot fully elevate arm). Trapezius and levator scapulae active, the former overdeveloped in neck region; no response from rhomboids by faradic or galvanic stimulation.

False Gallstone in the Stomach.

Dr. J. V. Bernales, in Anales de la Facultad de Medicina, Lima, reports the case of a man of 40 who for two years had been having acute pain at times in the stomach at intervals of four or five days, with no connection with the food. Each attack was accompanied with eructation and vomiting, with sometimes traces of blood. Giving up all work after five months of these attacks banished them completely during the eight months of rest, but the pains returned as severe as ever when he returned to his work as a miner. The attacks became more serve and returned daily, the pain always located in the stomach or radiating to the left hypochondrium, and it did not yield even to morphin. The stomach was opened and a calculus was removed which seemed to be a gallstone, about 2½ inches by 1½ wide, shaped like a potato. This calculus was formed of a clot of blood, almost organized, coated with bile pigment.

Removal of Foreign Bodies in Knee Joint.

Dr. C. G. Cumston, in the N. Y. Medical Journal, calls attention to the fact that the Belgian surgeons, Willems and Caestecker have treated five cases of movable foreign bodies, in wounded men, by arthrotomy and extraction of the body. This was followed immediately by the patient being allowed to walk about. This method was formerly advocated by Willems following the removal of fluid collections from the joints of the lower extremity.

The technic is as follows. After the arthrotomy incision has been closed by three lines of suture, and the patient has recovered from the anesthesia, active movements of the knee joint are begun. This is accomplished by the patient executing a series of movements of flexion and extension of the greatest degree possible. The following day the patient walks about without the aid, and he gradually becomes accustomed to this so that within a few days he is able to walk in a normal fashion. The use of this method gives a rapid functional recovery, and for an end result the joint is perfectly normal and there is no subsequent muscular atrophy.

Abstracts from Medical Journals.

Syphilitic Factor in Insanity.

Dr. W. A. T. Lind, in the Medical Journal of Australia, expresses his opinion that it would be absurd to deny the alarming frequency of the combination of psychopathic inheritance and acquired or congenital syphilis. The age of the general paralytic (acquired used to be somewhere about 49, but, judging by the post-mortem examinations of the last few years, it seems to be gradually approaching 30. In other words, syphilis is acquired almost before the youth is mature. To Lind it looks as if the stone, bronze, and iron ages will be recognized by posterity as being followed by the syphilitic age. For the sake of the ignorant, he suggests the use of posters warning concerning venereal disease.

Antenatal Treatment of Congenital Syphilis with Salvarsan.

Dr. Findlay, in the Glasgow, Scotland, Medical Journal, expresses his belief that antenatal treatment with salvarsan, re-enforced by mercury, is superior to that with mercury alone. By this method not only is a larger proportion of the children healthy—various statistics record 100 per cent. of healthy children—but it would seem that without further treatment the mother can continue to bear healthy infants. It would seem advisable, in view of the above results, that all records of miscarriages and still-births should be kept, and those due to syphilis determined, when the syphilitic mothers could be treated with mercury and salvarsan, and the health of their future children almost certainly guaranteed.

Blood Pressure from the General Practitioner's Point of View.

Dr. Hobart A. Hare at the meeting of the Pennsylvania State Medical Society, emphasized the fact that the result of a blood pressure examination should be taken only as a part of the picture, of no greater importance, if as great, as other parts. A moderately high pressure with a low specific gravity of the urine and many hyaline casts was of far more importance than a very high pressure with a urine practically free of casts. Too much stress, he believed, was placed upon one blood pressure estimation. High estimations made in the office would be far above those taken with the patient at home in bed or in a chair, thus giving an erroneous view of the constant pressure. The practice of estimating the systolic pressure without the diastolic was to be condemned. A pressure above normal might be present for years without trouble; a pressure below normal might cause disaster in a few hours. The diastolic pressure subtracted from the systolic gave an idea of the actual cardiac power. He drew attention to the fact that as a man grew older he established what Doctor Hare had termed a "pathological norm," a rising pressure, systolic and diastolic, being essential to his normal existence. Such pressure must not be forced to the theoretically normal level for a man of thirty years. The endeavor should be to reduce the systolic and diastolic pressure sufficiently to relieve stress, and to increase the difference between the systolic and diastolic pressures. In such cases electric cabinet baths, massage and the alteratives were as a rule of more value than the nitrites.

Contribution to the Study of Cancer.

Dr. Philippe Saint-Marie, Sorrel P. Q., in a communication to the Boston Med. and Surg. Jour., says: Should not the growth known as "cancer," the earliest apparent manifestation of the cancer disease, be considered the point of lowered resistance of the body, a point where nature brings together all her forces for defense, as she does in the case of trivial abscesses. Do the facts not show clearly that the so-called "cancer" is but a "field cleared of all plants, where an unnatural fight is taking place, where nature appeals from the resistance elsewhere, where nature proliferates, where nature tries the recovery of vegetation after a loss?" (Saint-Marie).

We generally acknowledge that cancer is subject to repeated irritations — irritations which are the cause of minor resistentia everywhere and are followed by growth locally. We generally acknowledge that cancer is a proliferation of tissue cells forming a growth, —a growth, the effect of proliferation or an act of nature's defense, the concentration of energies brought from the body elsewhere—detrimental to it—for the recovery of that part. Are there any symptoms accompanying cancers generally that strengthen this theory? We are inclined to answer in the affirmative. In the first place, lack of resistance is a condition accompanying old age and not youth. This we know. Cancer also is a condition of old age, i. e., of those who have lost their resistance.

Second, atony of the arteries is very common in cancerous conditions, a fact that can be controlled de visu very often as in the case of (1) red streaks in some parts of the body, but more commonly on the nose, the cheeks, the dorsal surface of the hands; (2) a streptococcal poisoning appearance of the vessels of the fauces and of the pillars; and (3) according to recent investigations, the alveolitis dentalis or pyorrhea alveolaris, the disease par excellence of diseases of minor resistentia.

Third, the lack of resistance is apparent again in defects of metabolism, noticed in many cases of cancer. Many patients appear at clinics auto-intoxicated. A great number have not masticated their food for years past, have not salivated it, have eaten too fast, have drunk before mixing their food with their saliva, have smoked too intensively, and have

eaten without any discrimination, at any time, many or all kinds of foods. It is no wonder that these things decrease resistance, both physiologically and pathologically.

Are not all these facts corroborating the ascertion that possibly the origin of cancer may be in a concentration of nature's defense, in a focus of minor resistentia determined by autointoxication or intoxication of some kind. If this is the case, there should be medical treatment of cancer so as to increase the powers of human resistance (gums, iodine, ichthyol appropriated for assimilation agents of reconstruction, as possibly arsenical preparations with astringents) and there should be a hygienic method of treatment directed toward proper drinking and eating.

Two Signs in Chronic Appendicitis.

Dr. Robert T. Morris of New York City, states that two signs belonging to the sympathetic and autonomic nervous systems were of prime importance in making a differential diagnosis between chronic appendicitis and other affections of the abdomen and pelvis. These two signs did not belong to acute appendicitis. As a result of the chronic irritation of the appendix, impulses were registered upon the second and third right sympathetic lumbar ganglia known as the fused ganglion in such a way that it became hyperesthetic. Deep pressure upon the abdomen about an inch and a half to the right of the navel and a trifle caudal brought out this hyperesthetic point which constituted one diagnostic sign of importance in differential diagnosis. The other sign consisted in permanent distension of the ascending colon. It was what he called the cider barrel sign. Percussion upon the normal left side of the abdomen brought out a note suggestive of the cidar barrel in October and percussion over the right side of the distended ascending colon brought out a percussion note suggestive of a cider barrel in March. This chronic disturbance of the ascending colon was apparently caused by exhaustion of its sympathetic innervation due to chronic nagging from the irritated appendix.

Spinal Cord Surgery.

Dr. Ernest Sachs, St. Louis, in a paper on this subject, in the Missouri State Med. Jour., concludes by emphasizing the following points:

1. Spinal tumors are not as rare as has hitherto been supposed.

2. The recognition of the existence of a focal spinal lesion is comparatively easy.

3. The earliest symptom of a focal lesion is usually paresthesia and not pain.

4. Pain is not a necessary symptom for the diagnosis of a spinal lesion.

5. Laminectomy is a safe operation, but requires a special technic.

6. There are other spinal conditions than spinal tumors that may be relieved by operation.

7. Early operation in fracture of the spine with symptoms of complete transverse myelitis is, in my opinion, the wiser course.

8. Every focal spinal lesion should have an exploratory laminectomy.

County Medical Societies' Reports

ATLANTIC COUNTY.

Dr. Clara K. Bartlett, M. D., Reporter.

The regular meeting of the Society was held Friday evening, May 9th, at the Hotel Chelsea, Atlantic City. The program was as follows: "The Experiences of a Naval Surgeon in France." Dr. George G. Ross, Philadelphia; "Observations of a Medical Consultant with the Army of Occupation," Dr. George Morris Pierson, Philadelphia.

Cases of multiple wounds that made a marvelous recovery were cited, and the experiences and observations narrated made the society realize that "truth is stranger than fiction." Glowing, admiring tributes were paid to the courage and heroism of the wounded and dying soldiers; also to the fortitude, efficiency and untiring zeal of the nurses, who would not take time for rest except under command.

The papers were of such a character as to admit of no discussion.

GLOUCESTER COUNTY.

The meeting of May 22, 1919, was held at "The State Institution for Feeble-Minded at Vineland, N. J., but no report of it has been received.

HUDSON COUNTY.

William Freile, M. D., Reporter.

The regular meeting of the Hudson County Medical Society was held April 1, 1919, at the Carteret Club. The minutes of last meeting were read and approved.

The dinner committee reported a balance of $1.75, which was turned over to the treasurer.

Dr. A. P. Hasking requested that the attention of the legislative committee be called to House Bill No. 2925, "Bill to regulate Osteopathy," which he described as an attempt of osteopaths to put chiropractors out of business.

The following were proposed for members and referred to censors:

Dr. Joseph Wechsler, 3460 Hudson Boulevard; Dr. Earl L. Creveling, 131 Sip avenue; Dr. Henry V. Broeser, 628 Hudson street, Hoboken.

The paper of the evening "Psychiatry," by Dr. Britton D. Evans, Morris Plains, N. J., was the concluding part of the meeting's program.

May Meeting.

The last meeting of the season of the Hudson County Medical Society was held at the Carteret Club, May 6, 1919. The usual business was disposed of in the customary manner. The following new members were elected:

Dr. Joseph Wechsler, 3460 Hudson Boulevard; Dr. Earl L. Creveling, 131 Sip avenue; Dr. Henry V. Broeser, 628 Hudson street, Hoboken.

The president, John Nevin, M. D., was unanimously nominated as permanent delegate to the N. J. State Society to fill the vacancy caused by the death of Dr. August A. Strasser.

The following were elected as annual delegates to represent the society at the meeting of the New Jersey State Society to be held June 24th and 25th at Spring Lake: Drs. Pollak,

Nelson, Swiney, Jaffin, Craven, Brooke, Broeser, Weber, Mulvaney, Riha. Alternates, Drs. Russell Maddren and E. T. Steadman.

A very interesting and instructive paper on "Rectal Diseases" was read by Prof. Jerome M. Lynch of New York City.

MIDDLESEX COUNTY.

This society held a largely attended meeting in the Nurses' Building of St. Peter's General Hospital May 21st.

While we have received no official report, it is due to Lieut. Col. John C. McCoy, M. D., of Paterson, to state that he delivered an exceedingly interesting and instructive address, with illustrations, on his experiences and observations during his long and arduous medical war service in France, for which he received heartiest expressions of appreciation and thanks.—Editor.

UNION COUNTY.

Semi-Centennial Anniversary.

The fiftieth anniversary of the Union County Medical Society was celebrated on the evening of May 22nd by a dinner given at the Elks' Club House in Elizabeth. Sixty members were present. Dr. Norton L. Wilson, one of the ex-presidents of the society, presided and acted as toastmaster after the dinner. He read many interesting facts taken from the minutes of the first twenty-five years. The speakers of the evening were Ex-Governor Foster M. Voorhees, Dr. Thomas W. Harvey, president of the State Medical Society, and Dr. David C. English, editor of the New Jersey State Society's Medical Journal.

Practically all of the older members now living were present. Among them were Drs. Victor Mravlag, H. C. Pierson, J. B. Harrison, Walter Cladek, E. B. Grier, E. W. Hedges, S. J. Keefe, J. S. Green and J. H. Carman.

A moving picture entertainment followed the speeches, which was enjoyed by all.

The following is a hastily prepared outline of the after-dinner exercises for which the Journal is largely indebted to Dr. C. H. Schlichter, chairman of the committee of arrangements:

Brief Historical Sketch of the County Society for t e First 25 Years.

In 1869 it apparently, in the minds of the medical men of this county, became necessary for them to organize a District Society and accordingly on May 9th, of that year, a preliminary meeting was held at the office of Dr. Thomas Terrill at 46 First street, when four men met, namely Drs. Thomas L. Hough, Eugene Wiley, J. S. Martin and Thomas Terrill, who took preliminary steps to organize the society and apply to the New Jersey State Medical Society for a charter. At the meeting of the State Medical Society on May 26, 1869, a charter was granted to the District Medical Society of the County of Union.

The first regular meeting was held at the Court House June 7, 1869, and Dr. Samuel Abernethy was elected the first president. Dr. J. S. Martin was elected vice-president, Dr. Thomas Terrill, secretary; Dr. F. A. Kinch, treasurer, and Dr. William M. Whitehead, reporter. The following men were present at that meeting and became members:

Drs. S. Abernethy, Rahway; Thomas L. Hough, Elizabeth; J. O. Pinneo, Elizabeth; Thomas Terrill Jr., Elizabeth; Louis Braun, Elizabeth; W. C. Hough, Rahway; H. H. James, Rahway; Joseph Grier, Elizabeth; Jos. S. Martin, Elizabeth; E. B. Silvers, Rahway; Wm. M. Whitehead. Elizabeth; Fred A. Kinch, Westfield; P. H. Grier, Elizabeth; Jas. S. Green, Elizabeth; Alonzo Petit, Elizabeth; Jas. A. Petrie, Elizabeth.

At the second regular meeting the society unanimously passed the following resolution, "That no member of this society shall attend any family or beneficial society by contract. Any such deviation will be considered unprofessional."

Among those members now living we find the names of Dr. H. C. Pierson of Roselle, who was elected April 4th, 1870; Dr. T. H. Tomlinson, elected April 4, 1871; Dr. Victor Mravlag, elected April 7, 1874; Dr. J. B. Harrison, elected April 3, 1877; Dr. G. E. Endicott, elected April 7, 1878; Dr. Walter Cladek, elected July, 1879; Dr. Norton L. Wilson, elected July 7, 1884; Dr. E. W. Hedges, January 14, 1885; Dr. E. B. Grier, January 13, 1886; Dr. J. H. Carman, July 14, 1886; Dr. John Randolph, January, 1889; Dr. Stephen J. Keefe and Dr. James S. Green, October, 1889.

After the society gathered some funds Dr. Alonzo Pettit was elected the first treasurer. The first essayist was Dr. J. Otis Pinneo, who read a paper on vaccine diseases on April 5, 1870.

The first annual meeting took place April 5, 1870, when the order of business was suspended for payment of dues. We can see from this that the treasurer in those days had his troubles. Another thing which sounds familiar is that at this meeting Dr. Whitehead thanked the society for his re-election as reporter and urged upon each member the necessity of communicating to him such medical facts as may be of interest to bring before the State Medical Society at Trenton on May 24, 1870. The first delegates to the State Society were Drs. James S. Green, Louis W. Oakley, Job S. Crane and J. Otis Pinneo of Elizabeth and F. A. Kinch of Westfield.

At the first annual meeting Drs. Oakley, Pettit and Pinneo were appointed to prepare a collation for the next meeting which occurred on October 4, 1870. The committee reported that they had made arrangements with Louis Schwartz, Esq., for 25 dinners at $2 per member and that the same would be at two o'clock in the afternoon.

A special meeting was held April 23, 1870, for the purpose of electing delegates to the A. M. A. to be held at Washington on May 3, 1870. Drs. Abernethy and Whitehead were elected as delegates.

In 1871 resolutions were presented and passed to hold meetings quarterly. Drs. Crane and Green were sent as delegates to the A. M. A. at San Francisco in 1871, and at the April meeting of the society, Dr. Crane gave an interesting report on the Yosemite Valley and the big trees of California.

At the July meeting of 1871 Dr. James of Rahway read an essay on "The Use of the Thermometer in the Treatment of Disease," and at the same meeting it was reported that a state law passed in 1848 required the reporting of marriages, births and deaths. In October of 1873 Dr. H. .C Pierson of Roselle read

an essay on "The Use of Alcohol," and a resolution was unanimously passed requesting a copy for the Archives.

Dr. Samuel Abernethy of Rahway was the first member to die and action on his death was taken at a special meeting held February 16, 1874.

At the meeting held July 7, 1874, we find the first account of the treasurer reporting several members as delinquent in the payment of dues.

At a meeting in October, 1874, Dr. Green reported the successful excision of the infra-orbital nerve for the relief of a painful neuralgia.

On January 6, 1874, Dr. Terrill presented a specimen of the uterus and its appendages showing a Fallopian pregnancy in which there had been a rupture of the tube causing the death of the patient.

Another interesting fact in the light of present-day therapeutics is shown in the report of Dr. Mravlag at the meeting held January 4, 1876, in the use of ipecac with success in the treatment of dysentery, and at the meeting of April 4, 1876, a circular was received on the metric system which was referred to Dr. James for study and explanation to the society.

The first meeting to be held outside of Elizabeth was held at the Park House in Plainfield on April 3, 1877. From 1880 and for the next ten years we find many references to medical registration and much discussion as to the examination of medical students and their fitness to study medicine. There were many minds on this subject and it is interesting to note, as one reads the minutes, how opinion crystallized for a state registration law. Our society on July 18, 1880, appointed a committee on Medical Registration and one to examine medical students as to their qualifications to study medicine.

In October, 1880, these committees reported and there was considerable discussion as to the necessity of enforcing the law referring to registration. The committee on education of medical students reported and this brought forth another long discussion on the necessity of a proper preliminary qualification necessary to make a good medical student. All were agreed that a high grade of medical education was necessary.

In 1881 at several of the meetings we find Dr. Oakley making remarks in regard to the laxity of the reporters and urging them to make fuller reports in the future. At the July meeting in 1881, Dr. Mravlag, having been elected reporter at the April meeting, moved a suspension of the rules, which was carried. He then spoke in reference to the reporters to the effect that he had been unable to do all the work himself and asked the society to appoint seven sub-reporters. The doctor's request was granted.

As we look through the minutes of these early days we are struck by the many times it is recorded of the members preferring charges one against the other. The majority of these cases, upon being examined by a committee, were not sustained. For the period between 1877-1882 there is scarcely a meeting in which some fellow was not taking a whack at some other fellow.

The 52nd regular meeting called for January 10, 1883, is the first meeting at which there was not a sufficient number of the members present for a quorum and no meeting was held. Along about this time the meetings seem to have been more political than scientific. Amending of the constitution and by-laws, looking after registration, getting a new health code for the city of Elizabeth, hearing charges against members, seemed to occupy nearly the entire time of the society.

On April 11, 1883, Dr. James of Rahway read a very interesting paper before the society, the title of which is not given, but it is recorded that it was received with laughter and applause and that Dr. Green Sr. moved that this essay be printed in the transactions of the State Society. It is recorded that Dr. Green's motion was made in a most eloquent manner. The reporter was instructed to transmit the same to the proper authorities of the State Society. At the 54th regular meeting on October 10, 1883, Drs. Mravlag and Mack each reported a case of nerve stretching for obstinate sciatica.

At the 55th regular meeting on January 9, 1884, Dr. Probasco reported a successful case of skin grating which had been done in the Plainfield Hospital. At the same time the doctor reported on the use of cold in typhoid fever.

At the meeting October 8, 1884, Dr. Mravlag read an essay on the theory of the baccillus in tuberculosis which brought out a considerable discussion. This is the first reference that we find in the transactions of the society to bacteria as the cause of the disease.

On April 8, 1885, the society listened with great interest to experiences with muriate of cocaine as reported by Dr. Mravlag and at the next meeting Dr. Bradner read an essay on the drug.

It had been the custom of the retiring president to dine the society, but when the society grew to a larger membership, the custom, on motion, was dispensed with. If one reads between the lines some of these suppers must have been very enjoyable, for as one secretary puts it "the society sat down to a table which was spread with great abundance and which was enjoyed to the limits of good fellowship." How convivial these supper became might be deducted from the reading of a resolution offered by Dr. Oakley in July, 1887, that "no spirituous or malt liquors be served at the suppers hereafter." This was carried.

In 1885 Dr. E. W. Hedges read a paper on the prevention of phthisis consumption.

Dr. Murray's first essay was read on October, 1884, on "Locomotor-ataxia." Dr. Green Sr. at the meeting held October 12, 1887, read a paper on "Acute Rheumatism," when salicylate of soda was extolled as a drug of great benefit. In the discussion Dr. Mack referred to the bad effects of salicylate of soda on the stomach.

In January, 1888, at the 68th regular meeting, Dr. E. B. Grier read a paper on "Diphtheria." He used milk with stimulants, brandy and champagne. He thought well of salicylic acid and misbuth powder locally, also a spray of a 5 per cent. solution of papoid. When there was great difficulty in the respiration he recommended the use of tracheotomy or O'Dwyer's tubes. Dr. Mravlag agreed with Dr. Grier in his treatment of papoid and stimulation.

In January, 1900, the grippe was raging and no meeting was held. At the meeting held April, 1891, the president, Dr. McConnell, referred to an occurrence which took place in

Cranford when a public funeral was held over the body of a patient who died of typhoid fever. He tried to prevent the funeral, holding the view that when the casket was placed in a warm and densely packed room the escaping gases, containing, probably, fever germs would endanger the lives of those present. In the discussion of those present all the members concurred in this opinion.

In October, 1891, and again in January, 1892, grippe was raging. At the meeting in April, 1892, Dr. T. F. Livengood read an essay on "La Grippe." The discussion on this subject was very thorough and lasted a considerable time, being briefly on the treatment and after effects—albuminuria, otitis media, tuberculosis and lasting debility.

At the 86th regular meeting October 12, 1892, the following were elected to membership: Drs. Arthur Stern, R. J. Montfort, J. P. Reilly and T. J. Jackson.

On January, 1894, mention is made of a case when Dr. David M. Miller of this society removed half of the lower jaw for sarcoma. This case recovered. There was also reported at this meeting by Dr. E. B. Grier, a case which was diagnosed as la grippe, but the autopsy showed it to be a septic appendicitis.

On April 11, 1894, Dr. Ard and Dr. B. Van D. Hedges were elected members and Dr. Norton L. Wilson was elected president and Dr. E. B. Grier, secretary, and at the next meeting, running true to form, the secretary presented a bill for postage and postal cards.

At the 95th regular meeting in 1895 the names of Drs. Thomas Dolan and M. L. Clauson were presented. At the meeting July, 1895, Dr. Montfort, the newly elected treasurer, reported that the books had not been turned over to him. On January 8, 1896, Dr. James S. Green read a paper on "Appendicitis," in which he said "he used to give opium but not now."

On the occasion of the 27th anniversary on May 6, 1896, a dinner was held at Davis' in Newark when 38 members attended. It is recorded that Dr. E. W. Hedges told the best story. This is all in E. B. Grier's handwriting so it must be right.

We deeply regret our inability to secure even a brief report of Gov. Voorhees' eloquent speech, in which he referred to the society's splendid record and its prospects of even greater and grander work in the years to come.

Dr. Thomas W. Harvey, president of the Medical Society of New Jersey was introduced and spoke as follows:

A recent discussion in a medical society on the subject of industrial surgery brought out the fact, that the reader of the paper under discussion had under his care, eight thousand employees, and one of those present remarked that half a dozen general practitioners could have made a living in such a village, and then the opinion was expressed that the general practitioner had had his day, pushed aside by the specialist. This has been the cry for thirty years, but still the woods are full of general practitioners and it is quite good form to consult the "old family physician."

The war has emphasized narrow specialism, but previous to the war most specialists had broadened their fields, so that most every surgeon was a general surgeon, the gynecologist and the proctologist had disappeared, the eye and ear men had extended their work to the brain, the dentist to all the bony parts of the skull, and to all internal infections, the orthopedist in the army had taken over all the surical injuries of the extremities, so that the day of the one organ specialist seems to be over. At all events in suburban communities there is a demand for, and a good living for the family medical advisor to whom all kinds of questions, medical, moral or social may be brought for counsel.

The speaker in the name of the State Society, congratulated the medical men of Union County on the fifty years of their successful medical association. He also expressed the pride that Essex County had for the child of its youth. He urged that every registered and reputable medical man in the county be brought into the society, so that the profession may present a united front against the destructive activities of unguided and unscientific socialism. We must see to it that when medical matters are discussed the doctors shall have their day in court.

Dr. D. C. English, editor of the State Society's Journal, was then introduced. He spoke of the splendid work that had been done in Elizabethtown and other sections of what now constituted Union County, by the physicians of past generations; of those who were members of the Essex County Medical Society for decades before Union County existed. He quoted extracts from the annual addresses of their three members who served one term each as president of the State Medical Society—Drs. L. W. Oakley, J. S. Green Sr. and N. L. Wilson. He spoke of the hospitals in Elizabeth, Plainfield, Summit and Rahway as having done splendid, efficient work; of the 28 per cent. of their society's membership engaged in war work. He made an earnest plea for more thorough organization of the medical profession of the State and closed by reading the congratulatory resolution passed by the Middlesex County Medical Society the day before.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular meeting of the Summit Medical Society was held at the Highland Club Friday, May 30, 1919, at 8.30 P. M., Dr. Prout entertaining and Dr. Hamill in the chair. Present: Drs. Bebout, Bowles, Campbell, Embury, Krauss, Lamson, Moister, Prout, Rockwell, Smalley and Wolfe, and the following guests: Drs. Mial, Sutphen, Lewis and Becker of Morristown, and Drs. Wilson Livengood, Green, Grier and Quinn of Elizabeth, and Dr. Johnson of Summit.

The paper of the evening, illustrated with stereopticon pictures, was read by Dr. Alfred S. Taylor of New York, on "Some Mechanical Disturbances of Digestive Tract." Dr. Taylor called attention to the fact that there were many cases which were operated on for chronic appendicitis in which the symptoms were not relieved by operation, and that in some of these cases the cause was a mechanical disturbance in the upper abdomen, due to (1) a membrane stretching from duodenum to gall-bladder causing kinking or compression; (2) Jackson's membrane, causing angulation of the hepatic flexure; (3) obstruction of the duodeno-

jejunal angle. Diagnosis by the x-ray and clinical symptoms, with operation for removal of these obstructions, frequently give brilliant results and cures. Bands caused by inflammatory conditions alone are liable to recurrence.

Miscellaneous Items.

American Association of Orificial Surgeons.

The 32nd annual convention of this association will be held September 15-17, 1919, at the Congress Hotel, Chicago, Ill. The afternoons will be given to operative demonstrations at the hospital. The program will be full of practical addresses and papers by prominent surgeons.

Report of Special Narcotic Committee.

The report of the special narcotic committee appointed by former Secretary of the Treasury McAdoo shows the situation is worse than was supposed—that it is nation-wide.

The Rainey report shows that the people of the United States consume more drugs than the people of any other country. There are more than 1,000,000 addicts, and $61,000,000 is spent annually on drugs. More opium is used in America than in China. Ninety per cent. of the drugs consumed in the United States, the Rainey report continues, are used for other than medicinal purposes, and opium comes in this category. Seventy-five per cent. of the cocaine imported is used for illicit purposes, and the same is true of heroin, morphine and other drugs. It is estimated that 237,655 persons are to-day receiving treatment. More than 18,000,000 narcotic prescriptions were filled in the past year. American-born victims are greatly in the majority.

Joint Influenza Committee.

A joint influenza committee has been created in Washington, D. C., to study the epidemic and to make comparable, so far as possible, the influenza data gathered by the government departments. The members of this committee, as designated by the Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon Generual of the Public Health Service, and the Director of the Census, are: Dr. William H. Davis, chairman, and Mr. C. S. Sloane, representing the Bureau of the Census; Dr. Wade H. Frost and Mr. Edgar Sydenstricker, of the Public Health Service; Colonel D. C. Howard, Colonel F. F. Russell and Lieutenant Colonel A. G. Love, United States Army; Lieutenant Commander J. R. Phelps and Surgeon Carroll Fox, United States Army.

Conference of Medical Experts at Cannes.

A conference of medical experts is in progress in Cannes, France, in preparation for the convention of the Red Cross Societies of the World. The subject under discussion during the week of April 7 was a specific program for a plan to establish an international bureau of health, where the latest scientific discoveries may be collected and the means of their application discussed. Dr. Hermann M. Biggs, who has been given a six-weeks' leave of absence from his duties as Health Commissioner of the State of New York in order to attend the conference, presided at the opening session. Reports were received from representatives of the Red Cross in Eastern Poland, Russia, Serbia, and Macedonia announcing the progress of typhus fever in these countries to an extent that is extremely serious. A committee of experts was appointed at the conference to advise the organization as to means for combating the spread of the disease so as to prevent its introduction into Italy, France, and England.

Hospital Train Makes First Transcontinental Trip.

For the first time in the history of the army a complete hospital train made the entire transcontinental trip from New York City to Camp Kearney, Cal., during the last week in March. It carried 136 sick and wounded overseas fighters who had been evacuated from Debarkation Hospital No. 3 in the old Greenhut Building, Debarkation Hospital No. 5 in the Grand Central Palace, New York City, and the Base Hospital at Camp Merritt, N. J. The patients were all men from the Far West who were being removed to the hospital nearest their home towns.

The men were accompanied virtually the whole length of the trip by Red Cross workers who were on duty in relays. At each stop a pair of Red Cross women boarded the train and rode to the next station, where they were relieved by their Red Cross sisters in that town, who took up the work where they left off. This arrangement worked perfectly.

The train was in charge of the Medical Department of the United States Army and in addition to the invalids, carried a large escort detachment of enlisted men of the Medical Department. Towns and cities along the route were notified of the departure of the hospital train and the expected hour of its arrival and the boys received a riotous welcome at every stop. In like manner every Red Cross auxiliary was on hand to regale the heroes with good things to eat and drink and cigarettes.

Irregulars and Their Methods.—Irregular practitioners do not prosper because their therapeutic methods are successful, but because of the advantage they take of sick people. Why not put an end to the taking of this advantage? It is now unethical to guarantee a cure; why not make it unlawful as well by the enactment of special legislation? The taking of money in advance of treatment should constitute prima facie evidence of fraudulent intent. If it were accepted after unsuccessful treatment, the failure to cure should then constitute proof of fraud, assuming the previous guarantee. Restitution of the fee should be included in the penalty.—Weekly Bulletin, Department of Health, N. Y. City.

Fifty Per Cent. of Children Physically Defective.—Ffity per cent. of the 26,000,000 boys and girls of school age in this country have physical defects and ailments which impede their normal development, according to the annual report of the executive committee of the National Physical Education Service given out in Washington recently. The estimate was made following numereous investigations conducted by expert members of the committee.

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Each member of the State Society is entitled to receive a copy of the JOURNAL every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if.—
All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to THE EDITOR.
All communications relating to reprints, subscriptions, changes of address, extra copies of the JOURNAL books for review, advertisements, or any matter pertaining to the business management of the JOURNAL are sent direct to THE CHAIRMAN OF THE PUBLICATION COMMITTEE.

Do not forget that the

153rd ANNUAL MEETING

of the

Medical Society of New Jersey

will be held in the

NEW MONMOUTH HOTEL
SPRING LAKE

June 24th and 25th

The Board of Trustees will meet in the New Monmouth Hotel on Monday evening, June 23rd, at 8.30 o'clock. A full attendance is requested.

An Outline Program was published in our May Journal. The full program will be sent to the members about ten days before the day of meeting.

Plan to attend—You can't afford to miss it. Bring the ladies of your family with you.

Early application should be made for rooms to the manager of the New Monmouth Hotel, Spring Lake, in order to secure satisfactory accommodations, as a large attendance is expected and the hotel authorities wish to do their best to make for our comfort and pleasure.

IMPORTANT REQUEST.

Every reporter of a county society that has lost, by death, one or more members who were in war service abroad or at home, will please send the names of all such members to the Editor's address—New Brunswick—as soon as possible. We do not wish to omit the name of one from our annual meeting record.

Annual Delegates must present to the Committee on Credentials their certificates of election, signed by the president and secretary of their respective county societies. Permanent Delegates must present their identification card bearing their own and the Recording Secretary's signature and the seal of the State Society.—W. J. C.

WELCOME TO THE A. M. A.

We are glad to welcome again to our State the Officers, Fellows and members of the American Medical Association, as they assemble at Atlantic City to hold the 70th annual session of the Association, which is to be The Victory Meeting. Our President, Dr. Thomas W. Harvey, will give the official welcome, so we omit further words of welcome. Our regular State's Delegates are Drs. L. M. Halsey, E. Grion and G. H. McFadden. The program is one of best ever offered.

OUR SOCIETY'S PAST AND FUTURE

Our Society's past record has been so often rehearsed, and so fully at our 150th anniversary, that little need be said except to remind our readers that it is worthy their endorsement and of which they should be exceedingly proud.

We are soon to gather in the 153rd annual meeting of our Society. It will be an occasion of far more interest and importance than the ordinary annual meeting, because the past year has been one of unusual demands on our profession; calling for service that meant tremendous responsibility and required self-denial and self-sacrificing devotion to a degree far beyond that of previous years. We shall recall with just pride the response of the profession as we welcome home those who have borne the heavier part of the burden overseas and in our home camps and base hospitals. We cannot now adequately express our debt of gratitude to them for the honor they have conferred on our profession and the great service they have rendered to our country. We refer our readers to some of the articles under the head of Special War

Items. We mourn the loss of those who made the supreme sacrifice, counting not life itself too great a price to pay in ministering to the suffering and in devotion to their country. The services of all these men who left home, relinquishing their practice and also the greatly increased self-denying work of those remaining in the home fields have greatly enriched our Society's past record. It is a cause of great thankfulness that notwithstanding the absence from home of so many of our able, earnest workers and the greatly increased work of those at home, our State Society has been able to continue, to a large degree, its activities and the county societies have to a lesser degree maintained their work.

But we should not forget as they come up to our annual meeting that the closing of the great—the awful—world war, rolls upon us as a profession duties and responsibilities greater—and grander if rightly met—than ever before. We shall have demands made upon us, some just—and some unjust—from those who have utterly failed to recognize the profession's high ideals and abounding altruism. Let us, therefore, gathering inspiration from the worthy past and recognizing the call for greater devotion to humanity's needs, plan to put our profession in better condition to meet the changing conditions brought about by the war, the social unrest and economic problems of our times. We have the right to demand just laws governing the activities of the medical profession—*never for the profession's financial benefit,* but to enable the profession wisely and effectually to continue its charities and serve the public. It has never sought law to advance its pecuniary interests, but rather against its members' enrichment, as Mr. George W. Cable has said: "I know no other calling that so faithfully, unselfishly and constantly toils to put itself out of business."

Our State Society and our county societies as we take up the work of another year should carefully and earnestly consider present conditions and wisely prepare to meet them in the spirit of earnestness and devotion of our members engaged in war service. We believe our State Society's Committee on Legislation should have an active member of every county society cooperating with it, and that a determined effort should be made to perfect the organization of the medical profession in New Jersey, increasing our Society's membership to at least 2,500, as is suggested in another editorial; also that our county societies' meetings should be better attended, be more business-like, more helpful in papers, in reporting cases and in discussions, and be promptly reported to the Journal.

We call special attention to Dr. Eagleton's paper on "Americanism"—which is worthy of careful consideration, also to Dr. Cone's communication elsewhere given.

UNION COUNTY SEMI-CENTENNIAL.

There is no county in our State that is more worthy of recognition for an honorable part in the history of the Medical Profession of New Jersey than Union County. But the fifty years rehearsed at the dinner given last month by the Union County Medical Society, at Elizabeth, was only the result of the preceding century of good work done by the medical men of Elizabethtown and neighboring towns before the County of Union was formed in 1857, and of the twelve years following when their physicians continued their membership in the Essex County Medical Society, which latter county embraced the territory of what since 1857 has been known as Union County. Dr. William Burnet of Elizabethtown was one of the founders of our State Society; was its President in 1767 and again in 1786.

The brief history of the Society's past fifty years, given at the dinner by Dr. Norton L. Wilson, who ably presided as toastmaster, is inserted elsewhere in this issue of the Journal, with a mere outline of the addresses which followed and which justly though only briefly commended the Society's general work, and its members' splendid service in the Elizabeth General, Alexian Brothers and St. Elizabeth hospitals of Elizabeth; the Muhlenberg of Plainfield; the Overlook at Summit, and the Rahway Hospital; also at the Bonnie Burn Sanatorium at Scotch Plains, and especially the record of the 28 per cent. of the members of the society who were in the service of the Medical Corps of the U. S. Army and Navy, as well as that of those who remained at home in the midst of greatly increased responsibility and sacrifice. It was an added pleasure of both members and guests to have had present at the dinner, as the chief speaker, Ex-Governor Foster M. Voorhees. He and our present Governor Runyon are Union County men. The latter is expected to speak at our State Society meeting this year.

AFTER THE WAR—WHAT?

There is no more pressing duty that should engage our thought and call forth our activities as we gather at this year's annual meeting of our State Society than that of starting determined and persistent effort to gather into the Society's membership the hundreds of physicians in New Jersey who are outside all medical organizations, doing little or nothing to advance their profession's influence and power in local, state and national affairs. The world war is now over; our members who have been honoring the profession by splendid war service are coming home and no physician can honor them more than by uniting with them in efforts to magnify the profession by increasing its power and efficiency in the service of humanity, in the same self-denying, non-commercialistic spirit that has characterized their war service.

How can we gather in the outsiders? Show them the *Advantages of Membership in the Medical Society of New Jersey* that ought to appeal to every thoughtful physician. We give, with slight alterations to fit New Jersey, the following from the New York State Journal:

WHY?

Not merely because of its scientific value:

Not merely because it promotes social and fraternal relations:

Not merely because of its strength as an organization for advancing and conserving the corporate interests of all its members.

BUT—

Because of its economic value to you,

Because of what you get.

Because you can't afford to remain without it.

CONSIDER THIS PROPOSITION

Membership in The Medical Society of the State of New Jersey immediately confers upon you, *without extra cost,* the following:

1. *You receive* the Journal of the Medical Society of New Jersey monthly.

2. *You receive* the Official List containing the names, addresses, etc., of all practicing physicians in the State of New Jersey who are members of the Society.

3. *You receive Protection from malpractice suits.* No practicing physician can afford to be without protection of this character. *The protection which the Medical Society of the State of New Jersey affords cannot be duplicated by any Casualty Company at any premium.*

4. *You are eligible* to Fellowship in the American Medical Association, our great representative national society.

But we cannot base *our* appeal only or mainly on the ground of personal, selfish advantage. Far higher than the question of what we can get out of our membership in the State Society, is the question—how much can we put into it—and into the county societies, to increase their efficiency and make them worthy of sharing in the dignity and honor of the great profession of which they are a part. Let us have some of the worthy, loyal MANLY spirit of our fathers who organized and by self-sacrificing efforts made possible our Society's splendid history; the spirit of our 500 or more members who gave themselves to their country in the M. C. of the Army and Navy with a devotion that counted no sacrifice too great; and the spirit of our tens of thousands of Jersey boys who were ever ready to go "over the top" even if the cost was that of life itself.

Let it be the resolve of every member that he will do his utmost to make our membership at least 2,500 before we gather at our next year's annual meeting. *It can be done.*

A NORMAL SHOE FOR A NORMAL FOOT.

A communication has been received by the Editor from Harriet Wilde, Director Physical Education of the Young Women's Christian Association, in which she says: "Within the last four months examinations have been given to various groups of girls in different occupations, and there has come forcibly to our notice the fact that an overwhelming number of women are wearing shoes, which, with narrow pointed toes, inflexible shank, and in most cases high heels, pinch the foot, cause bad posture, and so incapacitate the wearer for freedom at work and necessary normal exercise, all of which affect the general physical condition."

As a result of these examinations a conference was held by the Division of Health of the Y. W. C. A. Bureau of Social Education and some leading shoe manufacturers. A report of the conference says:

Can the shoemaker build a shoe that will keep normal a normal foot? And having built it will the public be brought to see the beauty of the product? Not so many years ago we gave our admiration to the small, tightly laced

waist. Today we laugh at it and tomorrow we shall be equally amused by the pencil-point toes and high heels that tilt the human foot to the angle of a horse's hoof. The war made low heels beautiful on Fifth Avenue; if it had lasted a little longer, women would, of necessity, have gone the whole way with the shoe problem. The shoes of the future will not be "prescription" shoes, they will not cater to deformities, but they will be built to conform to the normal lines of the foot. * * *

The manufacturers have a difficult problem, but not an impossible one. They must produce a low shoe, with a low heel and a flexible shank that will allow enough exercise of the muscles of the arch to keep them strong, a shoe with enough room for the toes and a straight inner border because the foot is naturally straight on the inner side. They must make the shoe attractive to the discriminating taste by using their knowledge of leathers to procure variety and fineness of finish for both day and evening wear. Will the shoemaker do it? When he does, the National Board of the Y. W. C. A. will be back of him. Every woman who wants to wear the "normal line" shoe must be able to get it.

We have no hesitation in endorsing this movement. It must appeal to every physician as exceedingly important and practical for the prevention of deformity and the promotion of good posture, health and efficiency. All honor to the women who refuse to conform to and who protest against the present styles of shoes and dress that are unsightly and often indecent, and which are not conducive to true womanly modesty, gracefulness and healthfulness.

If there are any special lessons of importance taught us by the work of our members who have been in war service that should be learned by us and *practiced*, they are the value of accuracy, promptness and efficiency in the performance of all our professional work, including that of medical society work. Especially is this applicable to those holding official positions as secretaries, treasurers and reporters of these societies. Accuracy, promptness and efficiency are leading qualifications for both the scientific and the up-to-date business man.

It is with profound regret we report the severe illness of Ex-President O. H. Sproul of Flemington, who has been one of our most faithful members and officers—invariably present at our meetings and contributing much to their success. Also the severe illness of Major Joseph MacDonald of East Orange, whose splendid work of enlisting our doctors in the Medical Corps of Army and Navy was eminently praiseworthy and efficient. We hope for the recovery of both these valued members.

The Medical Profession in our day is based upon actual and constantly increasing knowledge, and there is no limit to its progress. The Doctor is indispensable.

ANDREW CARNEGIE to the *Medical Review of Reviews.*

Where will you find another man to match the average doctor? He lives the true altruistic life, devoting himself unreservedly to others. His skill and time are yours on the shortest notice in the blackest hour of night, and in the worst of weather. * * *

ALTON B. PARKER, to the *Medical Review of Reviews.*

We extend congratulations to the new Journal called "Modern Medicine" which is published in Chicago under the editorship of Drs. Lambert, Goldwater and Lapp, and which advocates the "Application of Medicine and Allied Sciences to Industrial Efficiency and National Health." We also congratulate the Council and Editors of the Journal of the Michigan State Medical Society on the beautiful "Victory Number"—the May Journal of that society, we have received.

Eugenic Law Passed in New Jersey.

Under a bill passed by the legislature of New Jersey, a physician's certificate of health has been made a prerequisite to matrimony in the state. The purpose is to prevent any persons from marrying who are afflicted with contagious or social diseases. The bill also provides that a fee for a physician making the necessary examination shall not exceed $2.50, and that county physicians, if called on, shall make this examination without charge to indigent applicants.

Physicians Oppose Narcotic Tax Law.—Pittsburgh physicians, through the Allegheny County Medical Society, have made a protest against the recent amendment to the Harrison law, which increases the tax imposed on the members of the medical profession from $1 to $3. The resolution calls the measure "unjust discrimination against the medical profession in imposing on its members of the federal support of a measure distinctly in the interest of the public," and calls for the repeal of the law.

Official List Additions and Changes.

The following names have been added to the membership since the List was printed:

Atlantic County—B. B. Filer, Milton L. Munson, Maurice D. oungman—all of Atlantic City.

Bergen County—Raymond A. Kiefer, Ramsey; Harold W. Taylor, Englewood.

Camden County—Dowling Benjamin, George B. Knight, Alexander S. Ross, Orris W. Saunders—all of Camden City.

Essex County—William H. Schopfer, Newark.

Hunterdon County—Francis A. Apgar, New Germantown; A. Arling Heil, Milford.

Mercer County—Lilla Ridout, Trenton.

Middlesex County—Stanley Eiss, Metuchen; Elmer H. Eulner, South Amboy.

Monmouth County—William W. Beveridge, James A. Fisher, John A. Hill, Asbury Park; Walter A. Rullman, Red Bank.

Changes.

By mistake Dr. Emanuel B. Black, Williamstown, Gloucester County, was listed as having resigned from the Medical Corps, U. S. A. It should have been honorably discharged.

Dr. William Buermann, Newark, was commissioned as captain in the Medical Corps, U. S. A., last October.

Dr. Edgar L. West, Trenton, was a captain in the Medical Corps.

The following were also in the Medical Corps: Drs. R. Grant Barry, John A. Connelly, Morton M. Kent, Paul E. Kuhl, B. Henry Tadensiak, all of Trenton, and Dr. Joseph S. Vanneman of Princeton.

Dr. Hailperin's name changed to Halperin. As the Newark News puts it—"Dr. C. J. Hailperin Gets Left 'I' Legally Extracted." The News says: Permission to take out his left "i" was granted to Dr. Clement J. Hailperin of 616 High street by Judge Stickel in the Court of Common Pleas. The operation, which will require an orthographic surgeon, will leave Dr. Hailperin's name Halperin. That's the way it's pronounced and that's the way people expect to find it in the phone book.

CORRESPONDENCE.

Compulsory Health Insurance.

Editor of the Journal:

Dear Doctor—In the May number of the Journal there is an editorial which observes that "Compulsory Health Insurance dies hard."

Complusory Health Insurance would have been a stillbirth had the medical profession met it in proper spirit. The great trouble with the profession is, and always has been, lack of organization. It is admirably organized for scientific purposes, but more than that is needed if it is to survive in these times and in the future. Physicians are so wrapped up in their professional work that they have taken no time to arm themselves against forces that are being directed against them.

Labor and capital are efficiently organized and equipped and ready at all times to repel encroachment upon and injustice to their interests. The Profession of Medicine seems to think that Divine Providence will take care of it, but there is an old proverb that says: "The Lord helps him who helps himself," and I think it was Napolean who said that "God is on the side of the strongest battalions."

The blight and cure of Compulsory Health Insurance would never have settled upon and ruined the European medical profession had that profession stood as one man against it and universally refused to sell its birthright for a mess of pottage. If the medical profession is exploited, the shame rests upon itself alone, for its utter passivism. Insult and wrong will be its lot until it adopts some efficient form of organization and stands solidly united as every other class of workers has been compelled to do.

Let medical men not complain about those under the guise of reform are seeking to undo the profession and level it to status of a trade, but take steps to remedy the spineless attitude that encourages such attacks.

As I wrote on a former occasion:

Do not ignore Health Insurance
Lest it catch and twist your tails;
It is German Propaganda,
From the Fatherland it hails.

If you want Paternalism,
Bolshevism and the rest,
Go and root for Health Insurance
Or be passive toward the pest.

If you value your high calling
And your spot within the sun,
Stand no nonsense from the Kaiser,
He would not if he had won.

Ralph S. Cone.

Special War Items.

Honorably Discharged from the Medical Corps, U. S. Army.

Members of the Medical Society of New Jersey.

Commorato, John R., Jersey City.
Currie, Norman W., Plainfield.
Dane, John M., South Orange.
Day, S. Thomas, Jr., Port Norris.
Dix, J. Morgan, Cape May Court House.
Fee, Elam K., Laurenceville.
Golding, Harry N., Paterson.
Harden, Albert S., Newark.
Jaffin, Abraham E., Jersey City.
Kraker, David A., Newark.
Lavine, Barney D., Trenton.
McCabe, Thomas S., Newark.
McCormack, William G., Whippany.
McDonald, Harry G., Hackensack.
Marcy, Virgil M. D., Cape May.
Riggins, Edwin N., Orange.
Ryan, John N., Passaic.
Vroom, William L., Ridgewood.

Medical Officers, U. S. Navy, Relieved from Active Duty.

Mancusi-Ungaro, L., Newark.

Orders to Officers of the Medical Corps, U. S. Army.

Major James B. Edwards, Leonia, to Washington, D. C., Surgeon General's office.

Major Ladoc L. Griesemer, Roselle, to Colonia, N. J.

Capt. Henry D. McCormick, Kenvil, to Garden City, N. Y.

Lieut. Joseph S. Mark, Woodbridge, to Colonia, N. J.

Capt. Richard D. Schimmelpfennig, Montclair, to Fort Snelling, Minn.

Dr. Synnott, Montclair, Promoted.

Dr. Martin J. Synnott of Montclair, who was the first physician in that town to offer his services to the government after this country entered the war, and the first to receive orders for active duty, has been promoted from the rank of major to that of lieutenant colonel in the army. He was recommended for promotion before he left the service. He entered the army in August, 1917, and was chief of the medical service at Camp Dix until discharged in January, 1919, when he had completed near-

ly eighteen months of active service. He was in charge of the medical service during the influenza epidemic at Camp Dix last fall, when there were 4,700 patients in the hospital at one time.

Distinguished Service Cross for Dr. Crile.

Dr. George W. Crile, Cleveland, who commanded the Lakeside Hospital unit of Cleveland with the British and French, and who later became a consulting specialist for the American expeditionary forces, received a Distinguished Service Cross here recently. The citation by General Pershing said:

"By his skill, researches and discoveries he saved the lives of many wounded soldiers. His tireless efforts to devise new methods of treatment to prevent infection and medical shock revolutionized army surgery and met with great success."

Dr. Joseph A. Blake, who had charge of the American Ambulance Hospital at Neuilly, near Paris, and later of a hospital of his own near Ris Orange, under the British Red Cross, and who served as general consultant for the American Army in the Paris region, returned to this country on the Lorraine on April 27. Dr. Blake has been decorated with the Cross of the Legion of Honor by the French Government for his services in the war and has received the Medaille d'Honneur de Sante de France.

165th Ambulance Company Welcomed Home.

A rousing welcome reception was given the 165th Ambulance Company, made up for the most part of Red Bank and Monmouth County boys, upon the arrival of the entire unit on a special train from Camp Merritt. The company was formed at the outbreak of of the war and its ranks were filled by enlistments of men from this county. A large parade was held and the town was decorated with the American and Rainbow colors, the boys having served as a unit of the Rainbow Division.

After the parade a banquet was served to the soldiers at the armory, where Major Peter P. Rafferty, M. D., who accompanied the company abroad as its captain, was a guest. An address was made by former Attorney General Edmund Wilson, who in behalf of the community welcomed the soldiers and praised them for their achievements in the war.

Lakewood Army Hospital Closed.

The patients from Army General Hospital No. 9 at Lakewood, N. J., have been transferred to other hospitals, excepting those who do not need special treatment and who are going to base hospitals in camps nearest their homes.

Arthritic cases are being sent to the Walter Reed Hospital in Washington, while nerve and gunshot cases are going to Army General Hospital No. 2, Fort McHenry, Baltimore. The hospital is slated to close early in June, when the property is to be turned over to the owners of the Lakewood Hotel.

Army Transfers Hospitals to Public Health Service.

The hospitals at Camp Beauregard, La.; Camp Cody, N. M.; Camp Fremont, Calif.; Camp Hancock, Ga.; Camp J. E. Johnston, Fla.; Camp Logan, Tex.; Camp Sevier, S. C.; Camp Sheridan, Ala.; Dansville (N. Y.) General Hospital 13, and Nitrate Plant, Perryville, Md., with their equipment, buildings and land have been transferred by the War Department to the Treasury Department for the use of the Public Health Service in accordance with Act 326 of March 3.

Rehabilitation Commission of New Jersey.

Dr. Fred H. Albee of New York and chief of the Surgical Service at U. S. Army General Hospital No. 3, Colonia, N. J., has been appointed by Governor Edge as member of the Rehabilitation Commission of the State of New Jersey. This commission, created by a recent act of the Legislature which provides especially for the rehabilitation of those crippled in industry, is composed of the following members: Major Fred H. Albee, chairman; Dr. Calvin N. Kendall, Commissioner of Education of New Jersey; Burdette G. Lewis, Commissioner of Institutions and Agencies; Col. Lewis T. Bryant, Commissioner of Labor; Peter Campbell, President of the Newark Technical School; Mr. Adlon, instructor in the Orange Vocational School.

On Friday, May 9th, Governor Edge and the Commission visited Colonia for the purpose of investigating methods of reconstruction at U. S. Army General Hospital No. 3, with a view to carrying out similar measures in the case of those industrially crippled included in the new law.

It is of no little interest to note that New Jersey, the first state in the Union to make such provision for her crippled, is already applying to civil life some of the lessons of organized effort and broader sympathies derived from the great war.

Discharged Soldiers with Venereal Diseases Retained for Treatment.—The retention in the army of soldiers having venereal diseases and their intensive treatment until they have been rendered clearly noninfectious, and the reporting of cases of this disease in discharged soldiers, are measures considered by the surgeon-general essential to the welfare of the soldier and for the protection of the civil population. Wassermann examinations are to be made on all recruits at recruit depots. A positive Wassermann, however, does not disqualify for service in the absence of active lesions.

THE HEROISM OF MEDICAL OFFICERS.

The following are editorials that appeared in "War Medicine," published in Paris by the American Red Cross Society in France.

The men who went "over the top" cannot be praised too highly, but they deserve no more credit for the victory which has crowned and glorified Allied arms—and in which, by the way, every conscientious worker in our Armies has had a part in the making—than the medical officers who have fought the unseen enemies,—diseases,—that have wounded and killed more of our fighting men than have been slain, or have been placed on the non-effective list by German shot, shell and poison-gas. Neither have the fighting troops manifested finer courage than that shown by medical officers everywhere,—on the fighting line, in rendering first-aid to the wounded: in operating rooms, with

Boche aeroplanes bombing the hospitals in which they were working; and in the pneumonia and meningitis wards of hospitals where, in administering to the needs of sick soldiers, they have daily and nightly risked their own lives. It requires as high a type of moral courage and as great physical bravery as that exhibited by soldiers, who face death at the cannon's mouth, for the medical officers to perform their duties at the first dressing stations and evacuation hospitals, and in the infectious wards of hospitals where they are constantly exposed to diseases that have caused more deaths than enemy shot and shell. The doctor who risks his life to save others is rewarded only by the consciousness of having performed his duty faithfully; while the soldier is decorated with honors and his deeds of valor are written in song and story. That the dangers which the doctors have faced in this war are real, is shown by the fact that the casualties in the Medical Corps are second only to those in the infantry.

The Sacrifice for Service by Regular Medical Corps Surgeons.

Certainly in no other branch of the service in the United States Army have men made greater sacrifices to serve than have the physicians now with the Army in France. The military surgeons in the regular army, prior to the commencement of the war, received their appointments by competitive examination; and medical college authorities advised only their best men to apply for commissions in the U. S. Army, Navy and Public Health Service, because they realized that the poorly prepared graduates in medicine, who had not received good hospital training, had no chance to become Army surgeons, particularly when there were many times more applicants for positions than there were vacancies to fill. The well prepared physicians who became medical officers in the Regular Medical Corps, in addition to foregoing the advantages of civil life, sacrificed opportunities in private practice which would surely have been several times more remunerative to them than the monetary reward they have received from their military service. The writer recalls two of the best prepared men in this class, both of whom, after graduation, served in the same hospital. One went into the Army and is now a Colonel, while the other entered civil practice, and, prior to the war, was earning an income running into six figures. The latter, however, left his home and his work and came to France to work with the French before the United States entered the war. He has since been commissioned a Major in the Medical Corps, and has helped in a large way in the work of the Medical Department of the American Expeditionary Force. Recently he has been made a Colonel. This instance, which is but one of many parallel cases, is mentioned to show that the Regular Medical Corps officers have made many sacrifices in receiving the preparation for the administrative and executive position which they have filled during the war.

The Medical Reserve Corps.

When the history of the war has been written many of the brightest pages will be filled with the records of the American physicians and surgeons who gave up their homes and practices, which had required years of intensive effort to build up, to respond to the call of duty at the time when their country needed the best of medical men. The medical profession of the United States stood the test of sacrifice for service to country and humanity, as well as that of efficiency in every line of medical and surgical work that was needed to help to win the war.

Even before the United States entered the conflict, many of our leading surgeons and many others of less reputation, but who were just as patriotic, came to France, England, Italy, Roumania, Serbia and Russia to give their services and risk their lives for the great cause; and when President Wilson declared war against Germany on April 6th, 1917, thousands of the best men in the medical profession offered their services to their country.

The fact that more than thirty thousand of the available estimated one hundred thousand men in active practice in the United States volunteered for service in our Army and Navy. showed that American doctors held duty and patriotism above dollars. Among these thirty thousand were the best in the profession, and there is no doubt that the private soldier in France has had the benefit of more skilful medical and surgical attention than can be obtained by the millionaire in any American city.

Of course every man who came into the medical service deserves praise for his self-sacrifice and patriotism, but the greatest credit belongs to those men who volunteered first, whether they were fortunate enough to be ordered to France or compelled to work in the United States. They not only have demonstrated their willingness to make sacrifices at a time when they were most needed, but they had the vision to see the opportunity for service.

It is a well-known fact that many of these patriots have not received the recognition in rank that should have been accorded to them. In many cases they and their families have suffered because of inadequate salaries paid to medical officers; but it should be known that General Ireland has made every possible effort to rectify inequalities in rank, and that Chief Surgeon McCaw is still trying, with hope of success, to get through the promotions that these men so richly deserve.

The writer has heard many speak of this injustice in rank; but he has not heard one medical officer express any other sentiment than that of satisfaction at having served in France, and of the joy he has experienced in performing what he believed to be his simple duty. One Captain in the Medical Corps, who was a full "Colonel" in civil practice and a "Prince" in his home city, after mentioning the indignities he had endured from picking up cigarette stumps in a Medical Officers' Training Camp to being ordered about in hospitals by men twenty years his junior, said, "after all, the hardships and injustices, that seem to be a part of all branches of military service, do not count compared to the experiences that we have had, and the conscienciousness of knowing that we have stood God's test of manhood, by responding when our country called."

Dry Statistics Wet with Blood.

We take the following from the Western Medical Review.—Editor:

While sitting here in Luxemberg in what

some people seem to think is the army of no-occupation, I had occasion to review some statistics that might be of interest to the medical profession.

The work done by one doctor during the present war, according to the statistics, in one year would if paid for at the usual civil rates amount to about $50,000 at the lowest rate one could figure. Below is an itemized bill:

8,000	Physical examinations (complete)	at $2.00—	$16 000.00
17,500	Serum injections	at 1.00—	17,500.00
1,500	Vaccination (smallpox)	at .50—	750.00
280	Venereal (Gon.)	at ? 20.00—	5,600.00
18	Luetic, treated	at ? 50.00—	900.00
4,000	Colds, sore throat, etc.	at 2.00—	8,000.00
276	Accidents (first-aid treatment)	at 5.00—	1,380.00
32	Circumcisions performed	at 25.00—	800.00
16	Tonsils removed, pairs	at 25.00—	400.00
8	Toe-nails, complete removal; ingrown	at 25.00—	200.00
	Total		$51,530.00

Besides this I had

Wounds during battles —

St. Milheal. 4 severe surgical—

Argonne ..180 severe surgical—in all 8 known deaths.

Meuse .... 20 severe surgical—

5 Gas cases.....—

I believe this is about on an average with the work done by a great number of the doctors up on the line while that done by the surgeons in the base hospitals is beyond price. But of course these figures are for the purpose of interest only for I know that every doctor in the service feels more than paid by that warm glow way down in his heart of a sense of duty done for that wonderful country of ours, the good old U. S. A.—Dr. F. L. Alloway, Chicago.

Doctors on the Fighting Line.

The medical department of the United States Army and Navy has again made a great record in patriotism and efficiency. A general call upon it in a supreme national crisis that came suddingly has met with an amply satisfactory response. It has also been, more notably than ever, a heroic response. Though works of mercy call the doctors to the field the shifting tides of battle often expose them to the most serious personal dangers. In an army driven back by a heavy general onslaught there is no place of safety in the immediate rear where the wounded are gathered and the surgeons and their assistants are busy to the limit. In a retiring mass of men the flying shells and the bullets make no discrimination. The official figures just published of Medical Corps casualties of the American forces in the war are significant. The lists foot up 442, of whom no less than 68 were killed or died of wounds. Disease, often of a contagious nature, carried off 101, 12 died by accident, 4 were lost at sea, 7 were missing in action and probably killed and 38 had the hard fortune to be taken prisoners. The wounded in action numbered 212.

This is a remarkable exhibit of devoted service. History will do justice to the high manly courage and spirit of self-sacrifice. Along with the wretched physical suffering in the trenches came one of the most destructive and distressing epidemics the world has ever known. It put an extraordinary strain on the medical fraternity everywhere. They have met the ordeal ably and unflinchingly. Not yet can their scientific achievements in the war be set forth, but the showing will be of permanent value when it appears.

How much the doctors contributed to the victory is not yet fully appreciated because it is not known. But the completed story will be memorable.—St. Louis Globe-Democrat.

Prevention of Disease from Returning Soldiers.

In an address before the American Public Health Association, Surgeon-General Rupert Blue, of the United States Public Health Service, pointed out the need of special vigilance on the part of health authorities in order to prevent the introduction and spread of dangerous epidemic diseases by our returning soldiers. Furthermore, he urged wider interest and a greater participation on the part of the people in public health work.

"The work of the medical department of the British, French and American armies has shown," said Dr. Blue, "what could be accomplished by well-planned, thorough-going health measures. When the history of the present war is written, not the least significant part will be that which records the achievements in the field of preventive medicine. Anyone familiar with the histories of other wars will realize that hundreds of thousands of lives have been saved as a result of the excellent work in sanitation and preventive medicine carried on by the British, French and American military forces."

Presenting a program which called for intensive health work carried on by the United States Public Health service in co-operation with state and local health authorities, Surgeon-General Blue insisted that "what can be done among soldiers in the unfavorable environment of war, can and should be done among the civilian population in the more favorable environment of peace."

Dr. Blue deplored the fact that it was so difficult to interest the general public in matters relating to sanitation and preventive medicine. Well-planned health work, he said, constituted really wise economy, for it not only conserved our national strength, but actually reduced expenditures for the treatment and care of illness and death. The program prepared by the United States Public Health Service suggests that much of the work can best be carried out by a plan which provides for Federal and State participation in local health work whereby each bears a portion of the expense. Special emphasis is laid on matters dealing with industrial hygiene, on improved rural sanitation, the prevention of diseases of infancy and childhood, and on popular health education. In connection with the last named, the Public Health Service contemplates constituting itself a national center and clearing house for information, advice, and educational assistance on all matters relating to public health and hygiene.

Therapeutic Notes.

Acne Vulgaris.—Dr. A. Ravogli in the Ohio State Medical Journal, advises washing the face with tincture of green soap, cleansing with an alcoholic solution of phenol and expression of comedones and pustules. In simple acne the opened pustules are washed with borax solution and the face covered with Wilson's benzoate of zinc ointment. During the night a modified Lassar paste is applied, made of one dram each of flowers of sulphur and zinc oxide, with half an ounce of starch and fifteen grains of salicylic acid in one ounce of white vaseline.

Pneumonia.—Dr. Charles M. Nice has given a combination of quinine hydrochloride—5 grains—with creosote carbonate—5 to 7 grains —in pneumonia with surprisingly good results. This was given every three hours, and the dose decreased according to age. Fresh air and forced feeding were adjuncts of the treatment.

Blepharitis. — In ophthalmia, blepharitis, keep the crusts soaked off the lids with a solution of the carbonate of soda, ten grains to the ounce of water; and anoint with salve, made of the yellow oxide of mercury two grains to the ounce of vaseline, and take internally mercury biniodide.

Treatment of Chorea.—Dr. Ernesto Odriozola, in La Cronica Medica de Lima, expresses his great faith in Fowler's solution in doses up to physiological effect. Attention is given to the intestinal tract; chloral for exaggerted movements up to thirty centigrams every four hours for a child of six years, and the salicylates, preferably aspirin, up to five or seven grams daily. Rest is of importance, especially absence from school, until all traces of the condition have disappeared.

Treatment of Sepsis.—Dr. R. J. Behan, in the Amer. Jour. of Obstetrics and Diseases of Women and Children, has an article on this subject, of which the following is a summary: Sodium carbonate or bicarbonate has a definite place in the treatment of infections. It seems in early stages of sepsis, including pneumonia, to be almost specific. In the later stages of pneumonia and of sepsis injection is apparently contraindicated. In the early stages of infection the intravenous method of injection is the best. Glucose solution, if used in the later stages of pneumonia, should be used alone because the exhibition of the alkali reduces the coagulability of the blood to such a degree that it causes a tendency to pulmonary edema. If the glucose solution is to be used in the early stages of pneumonia it may, because of the increased viscidity of the blood, hinder the exudation. Salvarsan is also of value, especially in septicemia. Vaccines are of value in certain cases and in all obstinate infections should be exhibited. Vaccines in overdose seem to have a deleterious influence. Antistreptococcic serum is of great value in streptococcic infection. It, however, should not be given on a falling temperature and if the temperature remains stationary it should be given only in greatly reduced doses. A chill following its administration is not a bad omen. It should never be mixed with any foreign material. Large initial doses should be given, however, in all cases; small preliminary injections should be given as a test for serum sickness. Transfusions of blood are of distinct value in sepsis, especially in those cases of falling blood pressure.

Ergot in Weak Erections, Premature Ejaculation, Enuresis, Etc.—In certain cases of weak erections and premature ejaculation, particularly if dependent upon a congested posterior urethra and an atonic or congested prostate, the effect of ergot is sometimes remarkably good. Try it. You know that I do not put all my faith or my chief faith on drugs. But when I do use drugs I pay very little attention to pharmacopeial or textbook dosage. I find out my own doses and give "until effect" or until I am sure that the drug is not indicated in this condition. And it is no use giving extract of ergot or ergotin or any so-called active principles of ergot. The only thing that will do is a good reliable fluid extract of ergot, in doses of 30 to 60 minims, three times or even four times a day.

And I might say that in some cases of bed-wetting, ergot is also more effective than any other drug in or out of the pharmacopeia. I also use it in the dribbling of urine of old men, but there I usually combine it with small doses of strychnine and minute doses of tincture of cantharides or cantharidin.—Critic and Guide.

The Treatment of Syphilis. — Dr. Jay F. Schamberg, Priladelphia, at the annual meeting of the Pennsylvania State Society, spoke of three recognized drugs in the treatment of syphilis—arsphenamine, mercury, and iodides. Arsphenamine was generally recognized to be the remedy of paramount value. Its magical effect upon symptoms was due to the fact that it had a powerfully destructive effect upon the spirochaeta and that it could be administered in large dose. Arsphenamine is fifty times less toxic for experimental animals than mercury. Arsphenamine likewise has a roborant or tonic effect which mercury does not possess. The spirochaeta is vulnerable to arsphenamine and to mercury. The iodides do not appear to have any direct destructive influence upon the spirochaeta. In an attempt to eradicate every spirochaeta as early in the disease as possible, why should we not shoot with two arrows. I realize that Wechselman has warned against the use of mercury precedent to the use of arsphenamine, on the grounds that in his belief, most of the arsphenamine fatalities are due in large part to renal insufficiency, and that in the majority of cases it was mercury that damaged the kidneys. My belief is that the use of three inunctions of mercury per week is a valuable measure to associate with the use of arsphenamine, particularly in the primary and secondary stages of syphilis. No one is in an authoritative position today to state how long the treatment of syphilis should continue. Too often the physician will cease treatment after a single series of arsphenamine injections and perhaps a course of mercury, because the Wassermann reaction has become negative. Experience proves that such

a course usually requires the later resumption of treatment, with valuable time lost. While it is difficult to prescribe any routine formula, we may at least indicate an irreducible minimum of treatment. Before any patient with syphilis is discharged from observation, a diagnostic spinal puncture should be made.

Treatment of Acute Gonorrhea.—It is now an Australian Army Medical Corps order that the massage-pack method of early treatment of gonorrhea shall be used to the exclusion of all other. The treatment consists in packing the anterior portion of the urethra with a material soaked in a silver solution. The pack not only absorbs the discharge and drains the infected part, but, by mechanically dilating the urethra, it enhances the prospects of the chemical reaching the site of the infection, and prevents apposition between infected and non-affected surfaces. For packing, Fogarty has found soft gauze far superior to cotton-wool. It is more absorbent, less irritating, and is more easily passed into and withdrawn from the urethra; it has no tendency to break, and shreds are not detached from it. In the large majority of cases argyrol has been used. From a curative point of view an argyrol solution stronger than 5 per cent. is not necessary, and 7 and 10 per cent. show a tendency to cause soreness, necessitating less frequent packing, thus depriving the patient of the benefit of the mechanical advantages of the pack. Fogarty has found hemorrhage even with 10 per cent. a rare occurrence, and not in one single instance with 5 per cent. There were only seven failures in 742 cases treated.

Treatment of Influenza. — Drs. Small and Blanchard, in the British Medical Journal, report on groups of patients, fifteen in each, who were put on different drugs and give the progress of the various groups noted and compared.

Aconite, acetylsalicylic acid, sodium salicylate, belladonna, arsenic, quinin, Dover's powder, and gelsemium were tested in this way. The patients treated by gelsemium improved in a manner far exceeding those given any other treatment. After a few doses headache and backache had been much relieved, and the patients felt greatly benefited in every way. In most patients, the temperature speedily commenced to fall, and the improvement in the general condition was obvious. Of the other drugs tested, belladonna showed evidence of beneficial action in a number of cases, but none of the other drugs appeared to have the slightest influence. The patients were not selected in any way, but were taken consecutively as they were admitted. All recent cases, therefore, have been treated with the following mixture:

	gm. or c.c.		
Tr. gelsemii	73		m xij.
Tr. belladonnae	33		m v.
Potassii citratis.....	66	or	gr. x.
Syr. aurantii	4		ʒj.
Aq. chloroformi ...ad	30		℥j.

Sig: One ounce four hourly for the first 24 hours; thereafter ½ ounce every four hours until temperature is normal.

Potassium citrate is added as a mild diuretic. When the temperature reaches the normal the remedy should be stopped.

Hospitals; Training Schools, etc.

Elizabeth General Hospital.

The thirty-ninth annual report of this hospital has recently been issued and from it are taken the following items: Remaining in the hospital, Dec. 31, 1917, were 110 patients; admitted into wards, 2,467 during 1918; admitted to private rooms, 1,042; total treated in the hospital, 3,619. Emergency cases treated, 1,277; new cases at the dispensary, 1,618; total persons treated during 1918 was 6,514. Laboratory examinations, 2,178; radiographs, 584; discharged from hospital: cured, 2,377; improved, 828; died, 319. Days free treatment in wards, 27,047; pay treatment in wards, 5,429; days in private rooms, 8,622; total, 41,098. There were 283 births—154 of males, 129 of females.

The average cost per day per person was $1,21; average of maintenance per day, $2.21. Remaining in hospital December 31, 1918, 96.

Dr. Norton L. Wilson is president of the medical and surgical staff and Dr. P. DuBois Bunting is secretary. Eleven members of staff were in active military service.

Middlesex General Hospital, New Brunswick.

The thirty-fourth annual report of this hospital has recently been issued, with the report of the Hospital Aid Society. It gives the following items, showing that the year ending February 28, 1919, was the bussiest in the history of the institution:

In the hospital March 1, 1918, there were 42 patients; admitted since to wards, 319 males, 156 female patients—total of 475; admitted to private rooms, 169 male and 345 female patients; total 514. Total number of patients treated, 1031. Total number of births, 120. Patients discharged: Cured 871, improved 34, unimproved 228, deaths 60. Number remaining in the hospital February 28, 1919, 38. Average cost per patient per day, $2.05; average number of patients per day, in wards 20, in private rooms 19. OOO patients treated during the year, 370. Number of pay patients roentgenographed, 360; free patients, 217. An excellent x-ray machine was installed in the spring of 1918, which has been of great service.

Muhlenberg Hospital, Plainfield.

A recent statement states that this hospital treated 345 influenza patients during the ten weeks' epidemic, with 105 deaths. This high mortality rate being due to the desperate condition of many patients when brought to the hospital; 12 employees and 27 nurses were affected; one of latter died. Since the hospital was opened Nov. 28, 1881, to May 1, 1919, more than 22,000 patients were treated in the wards and rooms.

St. Peter's General Hospital, New Brunswick.

The eleventh annual report of this hospital has recently been issued and following items are taken therefrom:

2616 patients were treated therein during the year ending December 31, 1918, of which 1342 were males and 1284 females, and 956 outside patients were cared for. 1313 were pay patients; 1087 pay patients and 226 half-pay patients. The average day's stay was 12 days

per patient. Average cost per day per patient was $1,39.

In the Surgical Division there were 1125 operations performed. In the Obstetrical Department there were 233 births with 10 caesarian sections. In the X-ray Department there were 251 patients; 312 radiagraphs were taken.

Number of patients discharged from the hospital: Cured, 2281; improved, 22; unimproved, 20; deaths, 84; died within 24 hours after admission, 133. Remaining in the hospial December 31, 1918, 86 patients.

Trenton State Hospital.

Commissioner B. D. Lewis, at a meeting of the State Board of Institutions and Agencies, reported that the report made by Dr. H. A. Cotton, medical superintendent of the State Hospital, Trenton, showed that that hospital is releasing as recovered more than forty per cent of the total number received. There was a recovery rate for manic depressive of 76.6 per cent. of the total number received; of 87.2 per cent. for alcoholic cases and 71.8 per cent. of dementia praecox cases, as against 49.2 per cent., 39.2 per cent., 1.1 per cent. for all civil state hospitals in New York for the same classification of cases in 1917.

Mr. Lewis also stated that plans are being drawn for a 40-bed addition to the Dix hospital building of the Trenton State Hospital for the treatment of women and for an additional hospital unit to accommodate 100 patients, and the new appropriation bill carries an appropriation of $400,000 for two such treatment buildings for the Morris Plains Hospital. The overcrowding at the hospital was largely responsible for the lower percentage of patients released as recovered—only 16 per cent. of total number received. Up to two or three years ago it was 30 per cent.

In the Trenton State Hospital there are at present 1,866 patients; 1,025 males and 841 females. In the Morris Plains Hospital there are 2,631 inmates; 1,259 males and 1,372 females. Dr. Britton D. Evans, medical director of the latter, reported that Dr. W. H. Lawrence, Summit, had been appointed as a member of the consulting staff.

St. Mary's Hospital, Rochester, Minn.

The twenty-ninth report of St. Mary's Hospital, Rochester, Minnesota, gives evidence of the growth of this institution. In 1889, the hospital was opened with a capacity of forty-five beds by the Sisters of St. Francis, and during the first year of its existence over three hundred patients were admitted. Up to the present time, the hospital has cared for over 96,-361 patients.

During the year 1918, there were admitted during the year 8.114 patients, and 9,898 operations, which are recorded and classified in the report, were performed. The total death rate was 1.7.

All Souls' Hospital Training School, Morristown

Eight nurses graduated from this school on the evening of May 14th. The address was delivered by Rev. A. H. Stein of St. Joseph's Church, Paterson. Dr. Aldo B. Coultas of Madison, president of the medical staff, presented the graduates to Rev. E. J. Ellard, who presented the diplomas and medals to the graduates.

Bridgeton Hospital Training School.

The graduation exercises of this school were held recently when three nurses received their diplomas. The address was made by Rev. J. J. Messler of the Baptist Church, Bridgeton. Capt. Elton S. Corson, M. D., gave an address to the class, and President Powell of the Board of Directors presented the diplomas.

Muhlenberg Hospital Training School.

The annual graduating exercises of the Nurses' Training School of Muhlenberg Hospital, Plainfield, N. J., were held on the evening of May 22, when diplomas were given to sixteen graduates—the largest class in the history of the school. Rev. Dr. J. J. Moment delivered the address and President Hubbard of the hospital board of governors presented the class pins and diplomas.

St. Barnabas' Training School, Newark.

Diplomas were conferred last month on a class of nine nurses who had completed their training course at the Hospital of St. Barnabas. Commencement exercises were held in the chapel, the candidates marching in wearing the white uniforms of graduate nurses and carrying sweet peas. They received their diplomas from Rt. Rev. Edwin S. Lines, bishop of the Episcopal Diocese of Newark. The address was made by Rev. Frank B. Reazor of St. Mark's Church, West Orange. Before presenting the diplomas Bishop Lines read the Florence Nightingale pledge and received the assent of the class.

St. Peter's Hospital Training School.

A large audience assembled in Columbia Hall, New Brunswick, on the evening of May 8th at the graduating exercises of the Nurses of the St. Peter's Training School when eleven nurses received their diplomas. Dr. Frank M. Donohue, president of the Hospital Medical and Surgical Staff, presided. The music was exceptionally good. An able address was delivered by Rev. Dr. John W. Norris. The class pins were presented by Dr. B. Howley; Dr. J. Warren Rice presented the class for graduation, and Bishop Walsh of Trenton presented the diplomas.

New Jersey State Village for Epileptics.

The twelfth annual exhibition of Patients' Work at the State Village at Skillman, N. J., will be on June 7th, 1919. The institution will be open for inspection from 9 A. M. till 5 P. M. An entertainment will be given by the patients between two and five o'clock in Smalley Hall, entitled "The Village Review," which portrays the institutions development, growth and activities from its organization to the present time. Train from Trenton leaves there 12.30 P. M. From Jersey City 8.12 A. M., 12.12 P. M. Elizabeth, 8.30 A. M., 12.27 P. M., by Philadelphia and Reading R. R. Members of the profession are invited to attend.

Essex Mountain Sanatorium, Verona.

Plans for the new group of buildings for this institution were outlined recently. It is estimated that the construction costs will be about $400,000. The buildings will consist of a main hospital, four pavilions, dining room and kitchen and a boiler house. The hospital will be erected near the present building, the

first floor of which will be connected by a bridge with the second floor of the new building. It will be three stories, having a frontage of 200 feet and a depth of forty-five feet. There will be front porches on each floor. The capacity will be 132 beds. The four pavilions or "shacks" will be one story each and of the same size, 170 by thirty feet, and each will accommodate twenty-four patients. They will be used for incipient or ambulance cases. In the center of each of these buildings will be a living room, the rooms to either side being entirely open. These shacks will also have porches.

Marriage.

PRAGER-DENTON.—At Cranford, N. J., May 10, 1919, Dr. Bert A. Prager, to Miss Alice W. Denton, both of Chatham, N. J.

Deaths.

BENNETT.—In Atlantic City, N. J., May 14, 1919, Dr. William H. Bennett, aged 76 years. Dr. Bennett graduated from the University of Pennsylvania in 1869. He was the founder of the Children's Seashore Home. He had been a specialist in children's diseases. He was universally esteemed.

NEWELL. — At the University Hospital, Philadelphia, May 12, 1919, Mrs. Eliza Newell, widow of the late Dr. William L. Newell of Millville, N. J.

SNOWBALL.—In Atlantic City, N. J., May 14, 1919, Dr. James W. Snowball, aged 54 years. Dr. Snowball graduated from Jefferson Medical College, Philadelphia, in 1891, and for 20 years was one of the leading physicians of Atlantic City. He was a member of the Atlantic County and State Medical societies and a Fellow of the American Medical Association.

IN MEMORIAM.

Cornelius Van Riper, M. D.

Born September 6, 1840. Died August 20, 1918.

Dr. Cornelius Van Riper, son of Abram W. Van Riper, was born at North Belleville, now known as Delawanna, in a house which still stands on the River Road, about one-twelfth of a mile south of what is now known as Kingsland avenue. He attended the district school, and later was a day scholar at the Bloomfield Academy, Bloomfield, N. J., where he was prepared for college. He entered the "New York University" at the age of nineteen, and was graduated therefrom in 1863, with the degree of A. B., and later received the degree of A. M., from this university.

Immediately after graduating, he registered as a medical student with the late Dr. Arthur Ward of Belleville, N. J., as his preceptor, attended lectures for three years at the "College of Physicians and Surgeons" of New York City and was graduated therefrom with the degree of M. D. in 1866. Shortly after Cornelius Van Riper was graduated in medicine, he rented for an office and dwelling from Alfred Speer, a small, two-story house on the north side of the Plank Road, in the then old village of Acquackanonk. This old house with pressed brick front, and French windows on the second floor, is still standing, and is directly across the road from the old Protestant Reformed Dutch Church, erected in 1829.

In the retaining walls of the embankment, on the south side of the Plank Road, and across the way from Dr. Van Riper's office, but a little further east, one may now read on a bronze tablet, the following legend:

"The Blanche House, Washington's Headquarters, November 21, 1776, Was Located About One Hundred Feet West of This Tablet. The Entrance to the Old Revolutionary Bridge (across the Passaic River), Was Opposite the Point Where This Tablet Was Erected."

This little town of Acquackanonk, which has figured to a slight extent in our Revolutionary history, had grown so little in the ninety years previous to Dr. Van Riper's location there, that it must then have been regarded as a finished town of long ago. It had its post office, its country store, its blacksmith shop and the old Reformed Church with its churchyard, or burying ground. A congregation of the Reformed Church was first established there in 1600. In 1869, the village of Acquackanonk had begun to grow, and Dr. Van Riper decided to locate his office a little further west, on the Plank Road, where he built for himself a house and office, a quarter of a mile west of his first place of business, and where he also opened the first drug store of these parts. The building in which Dr. Van Riper's son, Dr. A. Ward Van Riper, now has his office, is an addition to the original building erected by his father, Dr. Cornelius Van Riper, in 1869. In 1872, the sleepy old town showed still greater signs of growth. A few small shops and mills, deriving their power from the newly imprisoned waters of Dundee Lake, were beginning to turn the wheels of industry along the Raceways below Dundee Dam, and many laborers and machinists flocked to these small shops and mills. At that time, the late Dr. Richard Terhune, who began practice in 1850, and Alfred Speer, the wine merchant and vineyard man, after much endeavor, succeeding in inducing the Federal government to change the name from Acquackanonk to Passaic. It was thus named after the river which flowed through the village and after the county in which it is located. The city was incorporated in 1872.

The city of Passaic now doubtless has a population of eighty or one hundred thousand. The commercial and banking interests of the community are centralized around the place where Dr. Van Riper selected a location for himself, fifty-three years ago.

Dr. Van Riper appears to have entered the Passaic County Medical Society at about the time he located for practice in Acquackanonk Village. The records of our society show that he was secretary of the society in 1865, 1866 and 1867; was vice-president in 1870, and president in 1871 and 1872. He was a general practitioner of medicine, or what we now term an internest. A glance at his working library revealed the books of the best practitioners,

with Osler's "Practice of Medicine" nearest at hand, and more shop-worn than the other volumes. He was not only a good diagnostician but he was a skillful therapeutist, with a practice extending to every rank of society.

Mr. Van Riper was actively interested in the "Emergency Hospital" of Passaic, which later became the "Passaic General Hospital." He was made a governor of the "General Hospital Association" in about 1895, and was one of its most active members in helping to erect and furnish its first hospital building. He was visiting to the Passaic General Hospital, and he also served for several years on its executive committee. After the death of Dr. Rice, Dr. Van Riper was made president of the visiting staff of the hospital, which position he held until the time of his death.

The writer of this sketch, who sat with Dr. Van Riper in the board of governors from 1896 onward, and who served with him on very important managerial and other committees, and who also attended with Dr. Van Riper almost every meeting of the medical staff during the major part of the Passaic General Hospital's existence, early discovered in Dr. Van Riper professional and social qualities which command the implicit trust and respect of all who really knew him. Possessing a most kindly disposition, and in instinctive habit of exemplifying the law of fair play, he always bore with patient gentleness any irritations which might arise.

Dr. Van Riper was one of the charter members of the People's Bank and Trust Company in the city of Passaic, which is now the leading bank there, and was incorporated in 1889. At the first meeting of the stockholders, Dr. Van Riper was made a director and its first vice-president, which offices he continued to hold until his demise. Ge. Spencer and Ex-Mayor McLlean are the only surviving members of the original board of directors of this bank. Those who were associated with Dr. Van Riper in the People's Bank, bear testimoney to the good judgment, courtesy and fairness which always characterized him. He served for several terms in the Common Council of the city of Passaic and also on the Board of Education of the same city. He was for many years, and until his death, a member of the Phi Beta Kappa Society, and the Phi Chapter of the Zeta Psi Fraternity.

Early in his professional life he married Adrianna Terhune, daughter of the late Judge John N. Terhune, and Sophia Merselis of Dundee Lake, Paterson. Mrs. Van Riper died in 1893. Five children were born, of whom three are living. Of these three, Arthur Ward and John Terhune were graduated with the degree of A. B. from the "New York University, and the daughter, Cornelia Zabriski Van Riper was graduated from "Vassar College." Arthur Ward Van Riper was graduated in medicine from the College of Physicians and Surgeons in 1895, and has since practiced medicine in the city of Passaic, N. J. John Terhune Van Riper is an attorney-at-law practicing in Passaic. Cornelia Zabriski Van Riper is now Mrs. George Washington Hart of West Roxbury, Massachusetts. After Dr. Van Riper's retirement from practice about four years ago, he made his home with Mrs. Hart, and remained with her until his death. He is survived by one brother, Dr. Abram Harvey Van Riper of Nutley, N. J.

Dr. Cornelius Van Riper was a deacon of the North Reformed Church of Passaic from the time of its organization.

Committee: W. H. Carroll, H. H. Brevoort, Philander A. Harris, chairman.

Personal Notes.

Dr. W. Homer Axford, Bayonne, has been elected mayor of that city and Dr. Bert Daly director of revenue and finances.

Dr. Wells P. Eagleton, Newark, and wife, spent two weeks recently at Franconia, N. H., after he was honorably discharged from army service.

Dr. Clarence S. Janifer, Newark, after two years' service in the Medical Corps, U. S. A., as captain, one year of which was spent in France, has been honorably discharged and has resumed practice.

Dr. F. Irwin Krauss, Chatham, has promised the Home and School Association to examine without cost all the babies of the town if brought to the school during baby week, June 1st to 7th.

Dr. William Martin, Atlantic City, read a paper recently before the Lehigh County, Pa., Medical Society on "Some Therapeutice Uses of the Electric Current."

Dr. Watson B. Morris, Springfield, and wife, spent a few days last month at their camp at Cedar Lake.

Dr. Lucius F. Donohue, Bayonne, has been promoted from major to lieutenant colonel in the Medical Corps, U. S. Army. He has had charge of a hospital at Romarantin, France, for almost a year. He was the first Bayonne physician to enlist. He sailed April 1, 1918, for France. It is uncertain when the doctor will return.

Dr. William J. Chandler, South Orange, and son spent a few days at Middletown, Conn., last month with his son, who is a resident physician of the State Hospital there.

Dr. William M. Brien, West Orange, and wife will spend a few weeks at Asbury Park during the summer.

Dr. Edward M. Moore, Asbury, and family have moved from Asbury to Irvington.

Dr. Frederick W. Owen, Morristown, recently returned from Gettysburg, Pa., where he had been with a delegation to decide on a site on which to place a suitable tablet in memory of the signal corps of which he was a member in the Civil War.

Dr. William H. Lawrence, Summit, recently returned from a two weeks' fishing trip in Maine.

Dr. S. Thomas Day, Port Norris, Lieut. M. C., has returned from France where he was in base hospital No. 22, Bordeaux. He has been honorably discharged and has resumed practice.

Dr. Wellington Campbell, Short Hills, who was confined to his home by illness for several weeks, has recovered and resumed practice.

Dr. William S. Colfax, Pompton Lakes, spoke at the Reformed Church recently when the service flag was renewed. He is a member of the Passaic County Exemption Board.

Dr. Ernest M. Lyon, Newark, who for forty-two years had been the physician to the Home for Aged Women in that city, resigned at the fiftieth anniversary of the Home and Dr. Jo-

seph L. Fewsmith, Newark, was elected as his successor. The latter is a grandson of the Home's former president of board of managers.

Dr. Harry A. Stout, Wenonah, was appointed by Governor Edge as a member of the State Board of Medical Examiners to succeed Dr. Philip Marvel, who resigned.

Dr. Elber B. Peace, Florence, who had served as Lieut. M. C., U. S. A., in France for eighteen months, has returned and resumed practice.

Dr. Henry D. McCormick, Kenvil, Captain M. C., U. S. A., was recently transferred from Camp Humphreys to the Air Service at Garden City, L. I. He spent a few days at home last month.

Dr. Henry A. Henriques, Morristown, and wife recently returned home from Swift Water Run in the Pocono mountains, where they spent a few days.

Major Millard F. Sewall, Capt. W. Leslie Cornwell, Capt. Elton S. Corson and J. Franklin Reeves were given a dinner by the Bridgeton physicians in welcoming them home from war service.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed	Failed
Dist. Columbia, Jan.	7	7	0
Michigan, Feb.	25	25	0
New York, Jan.	93	60	33
Vermont, Feb.	3	3	0

Licensed through reciprocity: District of Columbia, 4; Utah 6 candidates.

State Board of Medical Examiners.

The next examination of candidates for licensure to practice medicine by the New Jersey Board of Medical Examiners will be held at the State House, Trenton, June 17th and 18th, 1919. Application blanks may be had by addressing Dr. Alex, MacAlister, secretary, 142 West State street, Trenton.

Public Health Items.

Habits and Health.—The greater proportion of people are born healthy and their way of living makes them sick. The people of America are only 50 per cent. efficient on account of ill health and disease. Apparently our population is 100,000,000; actually it is only 50,000,000. This is the result of wrong feeding, cranky immoderation, not enough air and sunshine; impure and insufficient water drinking; alcohol, caffein and nicotin addiction, and our awful and absurd use of drugs and patent medicines.—Bulletin, Indiana State Board of Health.

Tuberculosis. — Tuberculosis is the great scourge of civilized mankind. Unless more progress is made in fighting the disease, 9,000,000 of the 100,000,000 persons in the United States may be expected to die of it.—Health Bulletin, Newark.

Physicians' Failures to Report Births.

The State Bureau of Child Hygiene, in a bulletin recently issued, warns physicians against failure to report births. It reminds them that a physician is liable to a penalty of $25 for failure to report and that a similar penalty awaits each member of the local health board for failure to prosecute a physician for violation of the law. It is this, declares the bureau, that keeps New Jersey out of the birth registration area of the United States and deprives the state of the benefit of valuable data that the United States Census Bureau issues for birth registration states.

New Jersey Mortality Report for March.

During the month ending March 31, 1919, 4,353 deaths were reported to the Bureau of Vital Statistics of the State Department of Health, 112 of which were non-resident deaths, leaving a total of 4,241 resident deaths for the month.

Deaths from influenza are still prevalent throughout the state, the total for the month being 452 as compared with 672 for the month of February, and a continuation of the table showing the monthly total of deaths from this disease is as follows:

Deaths from influenza for October, 8.477; November, 1,629; December, 1,128; January, 1,087; February, 672; March, 452.

The other largest numbers of causes of death for March were: Diseases of circulatory system, 555; pneumonia, 463; tuberculosis, 391; Bright's disease, 299; cancer, 228; diseases of respiratory system (pneumonia and tuberculosis excepted), 406; diphtheria, 60.

There were 627 deaths among children under one year of age, 289 deaths among children over one year and under five years, and 1,188 deaths among persons sixty years and over.

The resident death rate for the month is 16.27, which is very little change from the previous month when the death rate was 16.04.

Pathology of Schoolchildren.—In the school year 1917-1918, 21,263 children were examined, and of this number only 6,243 were reported to be normal, and 15,020 to be subnormal, or approximately 75 per cent. of the total number; 4 per cent. were found to be suffering from malnutrition, 5 per cent. from enlarged cervical glands, 15 per cent. with defective vision, 3.5 per cent. defective nasal breathing, 5.5 per cent. with defective teeth, 8.5 per cent. with enlarged tonsils, 1.25 per cent. with impediment of speech. These conditions exist in every community.—Public Health News, New Jersey.

Steps to Eradicate Defects in Youths.—The Maryland board of education has adopted measures with a view to eradicating physical defects in the youth of the state, following the submitting of figures at a recent meeting in McCoy Hall by Dr. M. Bates Stephens, superintendent of education, showing an alarming condition among young men. Dr. Stephens showed that in the first draft call for Maryland there were 21,644 young men ranging from 21 to 31 years, of whom 9,117 were rejected as physically unfit for military service. The percentage of unfit was entirely too high and could be greatly reduced by preventive measures. Greater stress on school sanitation, proper schoolhouse architecture, mandatory medical school inspection, instead of the present optional law, and larger provision for physical education in the schools. would be no small contribution toward better health conditions.

Mothers and Children.—The care of mothers and the protection of children are duties which if neglected bring dire punishment on a people. Amidst the hazards and horrors of war we are realizing the paramount necessity of improving means and methods for the safeguarding of maternity and making provision for scientifically directed management of infancy and childhood.

Is a Child's Life Worth Six Dollars?

How much does it cost to prevent deaths from diphtheria? The Ohio Public Health Journal for February gives the experience of the City of Salem, Ohio, for twenty years. During the ten years from 1890 to 1899 this town of about 10,000 inhabitants had 162 cases of diphtheria, with forty-eight deaths, or 30 per cent. In 1900 the city health authorities began furnishing free antitoxin for all cases of diphtheria. In the ten years from 1900 to 1909 there were 126 cases, with only one death—a case in which antitoxin was not administered until the third day. Had the percentage of fatalities been as high during the second decade as during the first, Salem would have had thirty-seven deaths from diphtheria in that time. The free antitoxin furnished for the ten years cost the city approximately $220, or an average of $6 per life. Any community desiring to know how much it would cost to save a child's life from diphtheria can ascertain this by multiplying the annual number of diphtheria cases by the cost of 5,000 units of antitoxin, and dividing the result by the number of deaths from diphtheria each year.

Care of Children's Eyes.—The Press Service of the Chicago Department of Health, in its February issue, says:

"There are approximately 500,000 school children in the city of Chicago who spend at least six hours a day, five days of the week, and ten months of the year in class-room work and study, demanding an almost constant use of their eyes. With this continued and constant strain upon the eyesight it is of prime importance that the working conditions surrounding the school children of Chicago should be the best money and modern hygienic science can supply. Imperfect lighting conditions are a crying and noticeable defect in schools, workshops, and even in many dwellings throughout the land. Eye-strain with resulting impairment of vision is not confined alone to school children who spend hours daily in improperly or poorly lighted class-rooms. There can be no doubt but many thousands of shop and factory workers are also victims and sufferers from like conditions.

"The records of the Child Hygiene Division of the Department of Health show that out of 141,811 school children examined for physical defects, 25,299 were found with impaired vision. And of this number 14,548 cases were so serious as to require attention and treatment. These figures tell a story in themselves. When nearly 18 per cent. of the total number of children examined are found with defective vision, and 10 per cent. of the total with eye ailments so serious as to demand immediate care and treatment, it certainly suggests the query as to what extent class-room conditions as to proper lighting may be responsible."

Prohibition and Drug Addiction. — Health Commissioner Copeland of New York asserts that the advent of prohibition will surely be followed by a tremendous increase in the number of drug addicts in that city. He believes that when prohibition goes into effect, there will be a great increase in the number of drug users. He stated that one person in every thirty in New York today was addicted to the use of some sort of a drug and that he estimated the number of drug users to be 200,000 in the entire city. The scarcity of liquor has already had its effect upon the drug market and the amount of cocaine which was used during December and January was greater than for the ten preceding months, and in February the increase was so great that the wholesalers had to put a limit upon the sale. He urged that some steps be taken to meet the coming situation and told of the defects of the law regarding the sale of narcotics. Commissioner Copeland intends to do something for the treatment of those addicted to the use of drugs and to make it harder for unauthorized persons to obtain it.

Bureau of School Hygiene.

The following resolution was adopted by the State Department of Health at Trenton, March 18, 1919:

Whereas, Assembly Bill No. 220, introduced by Mr. Gill of Mercer County, provides for the establishment of a Bureau of School Hygiene in the State Department of Public Instruction and the employment of a director, four assistants, office force and 100 nurses at an annual cost of $200,000.00; and

Whereas, The duty of supervising all matters relating to sanitation and hygiene throughout the State and of enforcing all laws relating to the health of the people of the State has been specifically imposed by the Legislature upon the Director of Health and not upon the Department of Public Instruction; and

Whereas, The establishment of a Bureau of School Hygiene in the Department of Public Instruction would deprive all children who attend private and parochial schools of the benefits which might result from the operation of that bureau; and

Whereas, The establishment of such a bureau would necessarily result in the duplication of work already being done or in contemplation by the Department of Health and therefore in the unnecessary expenditure of public funds; therefore be it

Resolved, By the Department of Health of the State of New Jersey, that, in the judgment of said Department, it is unnecessary, inadvisable and wrong in principle to establish a Bureau of School Hygiene or any other organization within the Department of Public Instruction to perform duties which are essentially the function of the Department of Health. This Department believes that all matters relating to the health of the people of the State should be supervised by the health authorities. This policy has already been adopted by the Legislature (Sub-division c of Section 5 of Chapter 288 of the Laws of 1915) and the adoption of any other policy will ultimately result in a division of responsibility which is sure to bring about confusion, inefficiency and wasteful expenditure of public funds.

Medico-Legal Items.

Migraine-Common Salt in—It has been found that half a teaspoonful or more of common salt, taken as soon as the premonitory symptoms of an attack of migraine begin to show themselves, will frequently cut it short in about half an hour. Similar treatment has also proved of service in epilepsy; the explanation being in both cases that a violent reflex action is set up.

Fee for Operation.—A physician and surgeon sued for medical and surgical services rendered by him, with the assistance of another physician and surgeon and two internes, in performing an operation upon the defendant's wife, whose throat had been cut practically straight through, severing the trachea, hyoid muscle, external jugular vein, and fascia and trachea between the larynx and hyoid bone. The operation consisted of cleansing the wound and sewing together the various structures severed, and required a degree of skill not possessed by the reguar physician and surgeon. It was held that a judgment for $100 was not excessive.—Eddy v. Healy, 209 Ill. App. 270.

Charges for Services. — The Louisiana Supreme Court holds that the testimony of a physician and surgeon, to the effect that he was employed by the mother of his patient, a married woman, rather than by the patient or her husband, and rendered valuable services, for which he considered the mother able to pay, but doubted the ability of the husband to do so, was strongly corroborated by the circumstance that the patient, having succeeded as sole heir to the estate of her mother, heard the testimony and did not take the stand to question its verity. It is a matter of common information that physicians and surgeons do not regulate their charges for professional services by any fixed standard of pecuniary value, but, to a certain extent, upon the basis of the ability of the patient to pay, and, on that basis, more frequently than otherwise, perhaps, are but poorly compensated. Where such services are shown to have been of the highest value, in so far as the life and welfare of the patient were concerned, and the charge was neither unreasonable nor inconsiderate, as compared with the financial ability of the employer, the court considered it should be allowed.—Succession of Levitan (La.), 79 So. 829.

Evidence as to Infection in Personal Injury Cases.—The opinions of medical experts are essential in a personal injury action for the guidance of a jury as to infections, their causes and progress, as such matters left to the guesses of the uninformed would make possible damages based solely on speculation, and not upon evidence. The Illinois Appellate Court holds that the opinions of expert medical witnesses as to the character of the infection of the breast of a woman who was injured in a street car accident, as the result of her child being thrown against her while in the act of alighting from a car, and as to the possibility of infection either with or without any blow, are neutralized in effect where their opinions as to the casual connection are predicted upon the absence of any prior injury.—Rose v. Chicago City R. Co., 207 Ill App. 345.

Dying Declarations.—It is not necessary to entitle a statement to be admitted in evidence as a dying declaration that the deceased should have unequivocally stated he was about to die, or that he realized his death was impending. Any act or expression which clearly shows that the deceased realizes the seriousness of the situation, and that he is in extremis is sufficient. Measured by this rule, the statements of the deceased in a murder case that she felt that she must die, and later called for a priest to administer the last rites and to anoint her, she being a member of the Catholic Church, clearly indicated that she visualized the situation, realizing that death was impending. Her statement afterward made that her husband gave her paris green for her bowels was held properly admitted as her dying declaration.—Ulrich v. Commonwealth, Kentucky Court of Appeals, 205 S. W., 586.

Book Reviews.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

Quarterly Medical Clinics. By Frank Smithies, M. D., Chicago. Published by the Medicine and Surgery Publishing Company, St. Louis, Mo. Vol. 1, No. 1. Annual subscriptions $5.00. Single copies $1.50.

This is a valuable quarterly, giving a series of clinical demonstrations and lectures. This first number contains reports of fifteen cases, well illustrated, with practical discussions and notes on clinical and laboratory procedures. It will be found helpful to medical practitioners generally.

Sanidad y Beneficientia Boletin Oficial de la Secretaria. Director, Dr. Fernando Mendez Capote. In memory of Dr. Carlos J. Finlay, Discoverer of the Theory of the Transfusion of Yellow Fever by the Mosquito. Havana, 1918.

REPORTS AND REPRINTS RECEIVED.

Transactions of the New Hampshire Medical Society, 127th Anniversary, 1918.

Annual Report of St. Peter's General Hospital, New Brunswick, for 1918.

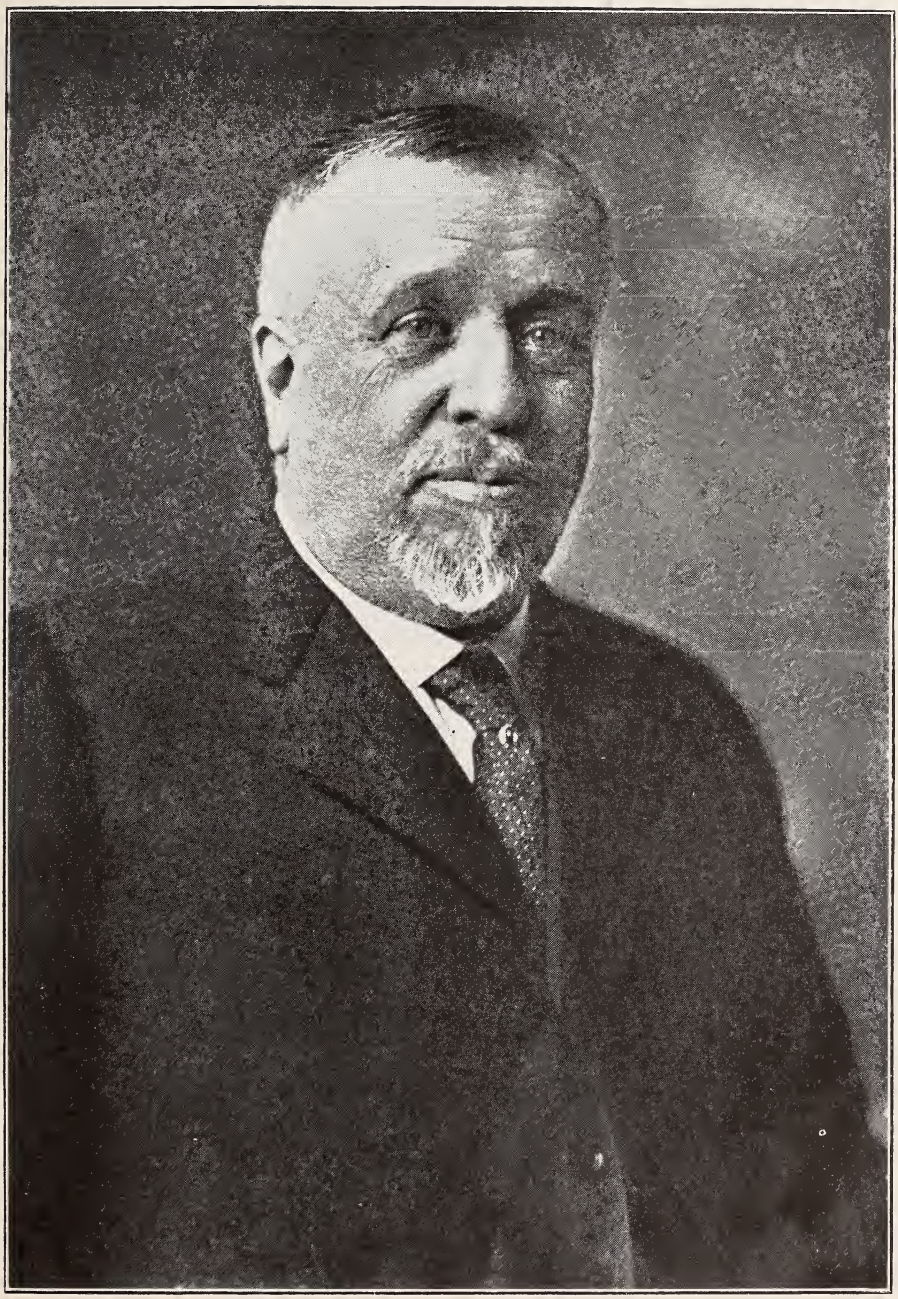
A Method of Acquiring Cataract Technic. Dr. W. A. Fisher and H. D. Thornburg, Chicago.

Two Rarely Described Instances of Scintillating Scotomata, Self Observed; also **The Eyes in War**, by James A. Spalding, Portland, Me.

The University of the Philippines College of Medicine and Surgery, Manila.

War Medicine. Published by the American Red Cross Society in France. Vol. 2, No. 4, Influenza Number; also Vol. 2, No. 5, December, 1918. Place de Rivoli, Paris.

American Medical Association Bulletin, Educational Number, 1919. Chicago, Ill.



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ORANGE, N. J.

President of The Medical Society of New Jersey during the years 1918-1919

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PRESIDENT'S ADDRESS.

Delivered at the 153rd Annual Meeting of the Medical Society of New Jersey, at Spring Lake, N. J., June 24, 1919.

By Thomas W. Harvey, M. D., F.A.C.S.
Orange, N. J.

The generation of men who are reaching the evening of their day had lived through a most eventful and wonderful forty years. They had settled down to the belief that the next generation would have nothing to do but to enjoy the fruits of their labors in developing their wonderful inventions and discoveries in mechanics and science. The work having been done nothing was left for the future to do. Such has been the claim of every generation; even Ambrose Pare' claimed that "so great had been his development of the surgical art, that the future could only elaborate the details of his work."

Every civilization contains within itself the germ of its decay. This is the universal rule in all mundane affairs, seed, harvest, death. The seed contains equally the elements of death and life, and outside of the realm of the soul, the only approximation that we have to immortality is that infinitesimal element in the germ plasma, that hands down from generation to generation, the elements of life and the characteristics that determine the classification of the individual. Thus our boasted civilization developed within itself the instruments of its own destruction, and there has happened, what history and geology tells us has been the rule in the past, the destruction of one age and the birth of a new. One form of autocracy has disappeared and no one has the prophetic vision to tell us of the future as to what it will bring. One thing we hope, that a ruthless science will be curbed, and that the cultivation of destructive arts shall be forbidden. The bomb in the hand of the anarchist is no more an agent for the salvation of the race than in the hands of a kaiser.

Often it is said, that the world will never be the same again after the war. We may well believe this to be true, the picturesqueness of the old regime will go with the injustice and the cruelties. Will we simply change the old form of slavery for a new?

As of old, those that have not will continue to strive to overcome those that have, entirely oblivious of the fact, that success means only a change of state, and from being the pursuer they will become the pursued. Always will we have the mass controlled by the few, and there seems little difference between the tyrant who rose from the ranks on yesterday and the tyrant who claims to rule by hereditary or divine right.

Truly it often seems as if this great war had only muddled up things and made it more difficult for the man of peaceful intent, whose only ambition is to be fed and covered from the weather, to bring into the world his proper addition to the future generation, and asks only of the State to be protected from those who would take away his opportunities.

The great majority of the world's inhabitants ask but for this, and the great majority of medical men belong to the class of hard working, earnest men, who strive to make a living by methods that also give them an opportunity of being helpful to their neighbors.

There have been three great political results of the war: 1st, defeat of militarism; 2nd, return of the Latin; 3rd, the unification of the United States for one purpose, and the successful fulfilment of that purpose in spite of proscrastination and the bungling of the amateur.

All other political problems are now in the melting pot, and no one knows what the distillate will be. "The self-determination of all nations," and the "world safe for

democracy," is still a dream. Indiscriminate murder seems to be the only reality.

It is a relief to turn from the horrors of war to the blessings of the healing art. What has this terrible cataclysm done for medicine? In all human activities there has been loss and degeneration except in medicine. Even here, in our most advanced department, surgery, at the beginning of the war there was a tremendous set-back. The surgeon here in America had come to the conclusion that *his* art at least had reached perfection, and was claiming that he should be in a distinctly higher class than the ordinary doctor who only 'scoped and test-tubed.

A few weeks of trench warfare and shrapnel wounds soon changed his view of life very materially; back he was thrust to the days of "pus bonum et laudabile," and to the aroma of carbolic. Then he had to study his antiseptic surgery over again.

It is a wise philosophy that occasionally stops and asks the inquiry, where are we? One appreciates the sensation of motion as the world whirls on, but is never quite sure of the direction. Is it forwards, or backwards, or sideways? So it is well occasionally to stop and take account of stock. It is so easy, when in our zeal to conquer, we clear for action by throwing overboard all impedimenta, to lose some things very essential to our welfare and comfort. The modern efficiency expert counts for little worth, many things that in the past have helped our progress and have smoothed away our difficulties, because they do not just exactly fit into the Procrustean bed of efficiency. They must be chopped off without any inquiry as to the reason of their being, or the value of their purposes.

We find that early in the war, the surgeon found that his present technique was inadequate, and he had to go back thirty years and study the healing of wounds and disinfectants anew. And now after weltering through the sloughs of antiseptics and disinfectants, he comes out again upon the firm ground of aseptic surgery, having learned the value and necessity of removing all devitalized tissues from war wounds.

So with the hypochlorites, for many years our mainstay in combatting putrefaction. The surgeons not knowing how to use them, discarded them, but the problem of their technique has been solved, and will carry the names of its sponsors down through the medical ages.

Rightfully has this been called the doctor's war. Its progress has marked the triumph of the doctor. Never before has a war been waged when the doctor has had a full chance to carry out the methods of sanitation and preventive medicine that he has known for many years were vital to the life of an army, never before has he been able to escape from the bonds of red tape and military official ignorance. We may thank the doctor that so many of our men are coming back.

Medical science has banished most of the diseases peculiar to camp and army life. Even with our unhappy experience with pneumonia following measles and influenza, the medical death rate of the armies here and in France has been below that of civil life, which, of course, is as it should be, they being selected lives, and in this war, the medical mortality has been less than that of the Japanese in the Russo-Japanese war which was considered phenomenal.

The rigid preliminary examinations, the frequent re-examinations, the educational and the prophylactic work in the anti-venereal campaign were so thoroughly carried out, that, in so far as concerned the American army at least, there were probably never brought together four million men in higher physical condition, or more fit to withstand the terrible strains of modern warfare; and they did stand it and carried through their work in record time.

There were two epidemics that proved to be beyond their power to control and caused a high mortality, measles and influenza. Forty years ago measles was not quarantined, exposure was sought rather than guarded against; almost every child had it and recovered from the acute attack; there were relatively few pneumonias and a very small primary mortality. There was probably a fairly large secondary mortality due to tuberculosis.

However, measles was regarded as a particularly fatal disease among young adults, and the general popular opinion was, that it was much better to have the disease in childhood. In fact the same idea was prevalent in England at that time regarding scarlet fever. I never saw a primary death from measles in the first twenty-four years of my medical experience. Since then the Boards of Health and of Education have succeeded in protecting a large number of children from measles, until they have reached an age when they are particularly susceptible to the disease.

It was from these children that we called our first draft, the men from twenty-one to

thirty-one. Of course in the close contact of a camp, stimulated by the well-known activication to virulence that comes from the accumulation of pneumonia cases, the mortality increased by bounds.

There is no greater lesson to be learned in immunity than is furnished by the epidemiology of measles. To my mind it would have been better for those young men to have had their measles before they were twelve years old.

The influenza has presented the same unsolved problems to the military as to the civilian doctor, and the same problems are no nearer solution in the twentieth century than they were in the nineteenth. The Sanatarian insists that there is nothing peculiar about an epidemic. It is all a matter of contagion, but he does not offer an explanation of the progressive virulence of the infective agents present in a general invasion of disease, such as this pandemic has proved to be, in which all defences seem to melt away before the onslaught of the enemy. No form of quarantine has proved effective, no individual strength of constitution or apparent immunity could stand up against it, and like the epidemic of poliomyelitis of 191 , it raged until it burned out for lack of material, and then came back and did it all over again.

To summarize an answer to our query:

In surgery,—a very important advance in the technique of the treatment of open wounds, in the splinting of fractures, and in rehabilitation methods.

In medicine,—a wonderfully convincing demonstration of the value of immunization, and a well-marked advance in our knowledge of the causes of certain formidable epidemic diseases.

In sanitation: the value of police methods and of the corporals' guard in preventing filth and social diseases.

Turning from the work to the workers, it has been interesting to study the doctor in this war, and the manner in which he reacted. The hysterics of the recruiting officer were always amusing but more often irritating. There was never at any time, any danger of the necessity for a draft to conscript doctors for the service. Nearly one-third of the medical men of New Jersey volunteered. They volunteered, not because they loved the trappings of war, or that they anticipated any pleasure in the discipline of militarism. On the contrary, both war and militarism were repugnant to all of them; they knew the horror of it; they knew the deadly effects of routine and paper work; the hourly humiliation of submitting an independent spirit to the authority of a mentally inferior, superior officer; they knew the dreariness of being assigned to work, for which they had no ability or sympathy, and of seeing the work for which they had trained themselves for many toilsome years, botched by another square peg in a round hole.

They knew that all of this was before them, yet day by day you could see the conviction growing stronger and stronger in their minds, that duty required them to sacrifice all that had hitherto been worth while to them, future, fortune, family, and that they should place their talents and skill, and if need be, their lives upon the altar of their country.

At last the call of duty overcame their love of home and work, and as their country called, they went in, determined to do their best, and as their brothers in the ranks, with grim determination carried on, and never yielding, pushed the war to a successful conclusion long before the most sanguine had ever imagined it possible, so our doctors carried on in whatever circumstances they were placed, doing whatever they were called on to do as "The genial Autocrat" wrote of them in his poem entitled:

THE TWO ARMIES.

As Life's unending column pours,
  Two marshalled hosts are seen,
Two armies on the trampled shores
  That death flows black between.

One marches to the drum-beat's roll,
  The wide-mouthed clarion's bray,
  And bears upon a crimson scroll,
  "Our glory is to slay."

One moves in silence by the stream,
  With sad, yet watchful eyes,
Calm as the patient planet's gleam
  That walks the clouded skies.

Along its front no sabres shine,
  No blood-red pennons wave;
Its banner bears the single line,
  "Our duty is to save."

These men are coming back, many to begin life over again, with their minds broadened by a course in the most wonderful post-graduate college ever before established, and filled with new knowledge in sanitation, in surgery, and in the management of men, that no twelve months in any other experience could have given them.

They have had an intensive training in

habits of observation, and of accuracy in recording the results of their observation, they have learned the usefulness of team work. When they begin to apply their training in paper work the Committee on Standardization of Hospitals will find their work much easier. When they begin to apply their training in diagnosis to their daily work, more and more will they see the necessity for calling to their aid, all the methods they have depended on for their assistance in the army.

They are coming back having practiced as specialists for many months. Referring all cases outside their own narrow field to their neighbors, they have formed the specialty habit, and it can be seen, that they are going to expect recognition as experts in the specialties that they have been practicing.

I believe that herein lies great opportunities for the general practitioner to hold his own. We will see little groups of medical men in our smaller towns, modeled after our medical advisory boards, capable of making a diagnosis as useful to the patient, as is now furnished by the diagnostic groups in the larger medical centres, or even rivalling the work of the Diagnostic Clinics; and great need for such reformation of our methods is imminent already. If we are to hold our own against the socialization of the profession, if we are to be something more than the hired man of the great insurance companies, or guide posts to the nearest specialist, it behooves us to bestir ourselves and keep up with the changing times.

This demobilization means that thirty-five thousand of the doctors of America, one-fifth of the total number, the most virile and efficient fifth, are returning to their work after a year or more of intensive training. Most of them are temporarily unfitted for taking up general practice in the old ways. They will find that the Diagnostic Clinics, the Boards of Health, the Life Extension Institute, the School Nurse, and other similar activities, are ready to take over a large share of their work.

They will find that under the Workmen's Compensation enactments, the remuneration for most of their accident practice, is being taken over by the hospitals, while the insurance companies dictate the pay that they shall receive for the little that does come to the office; so under the proposed Health Insurance laws, while every care is to be taken that the employer shall pay as little as possible, that the employee shall receive as much as possible, yet little or no provision is made that the doctor shall receive a living wage.

Now it is upon the skill of the doctor that the employer depends for the cure of the patient quickly, and the minimization of his expenses. It is upon his work that the employee depends to get a return for the money he has been depriving himself of to pay for his insurance, and upon his judgment and altruistic spirit that the State depends, that there shall be less sickness and misery in the world, and that the workers shall be kept to the highest point of efficiency.

With all these men coming back with their minds freed from the traditions of the past, and ready to work out and adopt the newer and more certain methods of practicing their art, it is going to be most important, that those of us who have remained at home, shall be responsive to their suggestions, and willing and anxious to bear our share of the introduction of new methods, even if we have to part with some of our hoary-headed traditions and conservatisms.

It is therefore with this in view, that I have the temerity to recommend some practical changes in the attitude that our State Society shall take towards those momentous activities, that are shaking the foundations of our modern civilization, and menacing the very existence of medicine as one of the liberal professions.

There should be established a new Standing Committee. I do not know what its specific title should be, but its purposes should be those of an active agent in forwarding the Welfare of the Profession.

Its duties should be: 1st—To complete the organization of the profession. The State Society includes about fifty per cent. of the doctors living in the State. Not all of those who are not members practice medicine in New Jersey. Many of them do not practice at all, some of them are only doctors by virtue of holding a degree. There are probably eight or nine hundred who ought to be on the rolls. Every one who holds a medical degree and is an honest practitioner, should be induced to join the component society in the county in which he lives. To accomplish this some missionary work will be needed; there are many men who are only waiting to be asked.

More use should be made of the advertisement of the Medical Defence that goes with membership in the Society. A report of the cases defended by our legal depart-

ment, or smothered by our councillors, should be placed in the hands of every practitioner in the State. Publication in the Journal does not reach the men whom we want to influence.

2nd.—This committee should be the representative of the united profession, to confer with the Employers' Association, the Labor Unions, or the Insurance carriers, in all matters affecting the status of medical men or their remuneration.

Moreover, it should be in the line of their duty, to take aggressive action whenever there is danger, that the doctor shall not receive fair treatment in any proposed legislation. It is just as reasonable for the doctors to strike as for the carpenters. A few years ago, the physicians of the Oranges started a campaign against contract medicine. Every one signed the agreement not to do contract medicine except one individual. The fraternal orders acquiesced without much objection, and the work was paid for in a proper manner, a reasonable fee for each case treated. That revolt was entirely successful, but now we are facing a new form of contract medicine, one with the backing of the State, and it is up to the profession to see that the individual doctor is not imposed upon. The medical end of all social insurance should be administered by the medical profession and not by a labor bureau. A united profession should dictate the terms under which service should be rendered. Such a position would soon make it impossible to pass any legislation as iniquitous as the present "Workman's Compensation Act."

There is no reason why the doctors should not be represented in all conferences, when such questions as Workmen's Compensation Insurance, or Health Insurance are discussed, because all such measures depend for their success upon the work of the medical men, and consequently the doctor should decide what he will do, how he will do it, and what he will be paid for his services.

3rd.—This committee should have for its duty, in the event of the adoption of social insurance by the State, to so direct legislation, that all hospital and dispensary staffs shall be salaried.

It is unnecessary for me to demonstrate the relation between these two questions. The State should pay for all medical charity work if it pays for any.

If the State takes over the providing for a certain class, viz.: those with a limited income, it should also provide for the medical care of those with no income, and the medical profession should not be expected to furnish it gratis.

These three very important duties can not be taken over by any of our present standing committees. Such a committee should not be composed of ex-presidents of this Society. It should draw to its membership, the virility of youth, men who are aggressive and who will be ready to combat the aggressions of the new era of class wars that seem ominously threatening as an after-war result.

If the medical men are willing to take a strong position, they can by showing a united front, demand a proper recognition. No class can govern the world without the assistance of the doctors. Therefore, we must be prepared to meet all the social changes that may come, and we can only be prepared, if we have a complete organization and some central authoritative agent ready to act quickly; if necessary a business agent and efficient counsel.

If the World's Work is to be done by collective bargaining, we must be prepared to meet the situation or go into the discard.

COMPLEMENT FIXATION TEST FOR TUBERCULOSIS.

A PRELIMINARY REPORT ON.

By Otto Lowy, M. D.,
Newark, N. J.

Serological studies have been conducted for a number of years on the blood of tubercular patients. In the light of our present knowledge of immunities, these tests should be theoretically correct if performed with due care. Unfortunately, there are many conditions in the blood of individuals which sometimes invalidate all serological tests.

One of the chief difficulties confronting the workers on the Complement Fixation for Tuberculosis is a proper antigen. In my series of 84 cases I have used an antigen prepared according to Miller's method and grown on Petroff's medium; the cases reported are all cases which were, at the time the blood was taken, at the New Jersey Sanatorium for Tuberculosis, Glen Gardner, N. J. The blood was sent to me without history or data, simply numbered. Through the courtesy of Dr. English and Dr. Arryos of Glen Gardner, I was then supplied with a brief history of each case and the serological findings were compared with the clinical diagnosis.

Wassermann and Noguchi tests were made in connection with each case and four gave positive reactions.

These results would tend to prove that there is considerable value attached to the Complement Fixation, especially in doubtful cases.

In conclusion I wish to thank Dr. Samuel B. English of the Glen Gardner Sanatorium for his courtesy, thus enabling me to make these tests.

No. of Cases	Sputum	Physical Signs	Diagnosis	Complement Fixation
11	Positive	Positive	Tuberculosis	Positive
6	Negative	Positive	Tuberculosis	Positive
58	Negative	All show slight involvement of either one or both lungs	Doubtful	Positive
THE FOLLOWING CASES WERE NOT INCLUDED IN ABOVE TABLE				
Case No. 3	Negative	Right apex clear some calcified glands; radiograph shows root shadows increased in both lungs	Doubtful	Negative
Case No. 19	Negative	Right apex clouded; left clear· both lungs show infiltration	Doubtful	Negative
Case No. 22	Negative	Dullness and rales in right lung	Doubtful	Negative
Case No. 40	Negative	Impairment of right apex	Doubtful	Negative
Case No. 41	Negative	Rales and impairment of both lungs	Doubtful	Negative
Case No. 58	Negative	Dullness over right apex and impairment of left	Doubtful	Negative
Case No. 79	Negative	Impairment of right lung	Doubtful	Negative
Cases 66 & 78*	Positive	Dullness and moisture in both apices	Doubtful	Negative in July Weak postive in September
*Represents blood taken from same patient; in July the blood was negative and in Sept., 1918, was weak positive				

GASTRIC ULCER.*

By FLETCHER F. CARMAN, M. D.,
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Prior to 1829 the condition known today as Gastric Ulcer was supposed to be a post-mortem change of the stomach, but Cruveilhier about that time called attention to the fact that it was not an after death degeneration but a distinct clinical disorder, and thereafter this condition was known as Cruveilhier's disease.

Gastric Ulcer is characterized by more or less circumscribed single or multiple areas of destruction of the mucous membrane and underlying coats of the stomach, with little tendency to spontaneous healing but a likelihood of penetrating the submucous and muscular coats and perforating into the abdominal cavity. It is accompanied in varying degrees, in typical cases, with pain, vomiting and hematemesis.

Many and varied are the causes held to be responsible for this ulceration. C. F. Martin describes some thirty-six different causes of gastric ulcer, all of which, whether by external or internal trauma; whether thrombi or emboli; or by interference with the nervous systems of the vagus or sympathetic, all cause a breaking down of the mucous membrane at that particular location, either by direct destruction or lessened resistance to the action of the hydrochlo-

*Read before the Academy of Medicine of Northern New Jersey May 13, 1919, at Newark, N. J.

ric acid and the ferments, and an area of autodigestion results.

Focal infections, particularly those of the teeth and tonsils, as causative factors of Gastric Ulcer, advanced recently by some observers, seem improbable to the writer, unless some abrasion of the surface exists, but rather that their continued presence and their continual discharge of pus organisms may retard and prevent healing and repair, seems very possible.

The pathology of Gastric Ulcer depends upon the type, form and extent of the ulceration. Small pin-head erosions, while giving distinct symptoms, have the appearance of but ruptured follicles, while the distinct ulceration may be funnel-shaped or craterlike and quite deep, circular or oval in form.

The acute ulcer is usually rounded or oval in form and has soft edges, while the chronic ulcer has rather stiff edges, consequent upon the efforts of repair nature has put forth, resulting in the formation of more or less scar tissue. The base of the chronic form of ulcer is usually covered by a greenish tenacious mucus, together with broken down blood cells and bacteria. The ulcers vary in size from 1 to 5 centimeters, or when two or more coalesce, may involve quite large areas of the stomach surface.

The more frequent sites of ulceration are in the region of the pylorus either on the stomach or duodenal sides, the lesser curvature and posterior aspect, although no part of the organ is exempt, but they are more frequently found, it would seem, in that part of the stomach where the acidity is greatest and consequent irritation highest.

Ulcerations in the duodenum have a great tendency to cause peripheral inflammation with the formation of adhesions to adjacent structures, which, contracting, together with the natural thickening due to the inflammatory œdema and formation of scar tissue at the point of ulceration, being in close proximity to the pylorus, cause—in many cases—a partial or, at times, a nearly complete pyloric obstruction, resulting in delayed evacuation, retention or complete stagnation of the stomach contents. From this condition we get a hypomotility of the stomach in its efforts to evacuate its contents and finally an atonic condition with its accompanying sagging and dilatation.

Microscopically the margins of the ulcer are usually sharp with some unevenness of the sides as the different striæ have been destroyed, with some infiltration, dependent upon the extent and depth of the ulcer. The gland cells, at the edge, have lost their usual characteristics and are cuboidal or cylindrical in form. The submucous and muscular coats are often seen to have a small round cell infiltration.

The symptoms of Gastric Ulcer are many and varied, although classical in typical cases, but there are so many cases met with that are not typical, and the symptoms are so many times modified and masked, depending—to a large extent—upon the site, whether acute or chronic in character, single or multiple, also as to its size, shape and depth, the problem many times is not an easy one and after all clinical helps have been exhausted, also the x-ray and surgical means employed, a correct diagnosis is hard to arrive at, and only at autopsy is the real cause of the condition discovered. Usually, however, there are enough characteristic symptoms to enable one to arrive at a definite conclusion. As already stated, the cardinal symptoms of Gastric Ulcer are pain, vomiting and hematemesis.

The pain in Gastric Ulcer is variously described as burning, boring, gnawing and sometimes as a constant dull ache. In each individual case the character and expression of this symptom is changed, according to the intelligence of the patient, the character of the food taken and the position of the lesion. It may vary from the dull ache to an excruciating and agonizing pain and during twenty-four hours all these degrees of discomfort may be experienced.

There is no doubt in my mind that the amount of free hydrochloric acid in the stomach is directly responsible for a great deal of the pain suffered by ulcer patients. It has been my experience that those suffering the most pain were those relatively high in free acid. One can easily understand this great pain, when we stop to consider the effect of the highly acid stomach contents traveling over this raw and bleeding surface. Often the pain will begin as soon as the food is taken into the stomach and the patient is apt to discard one article of diet after the other until a point is reached where he is afraid to eat anything and a condition of starvation follows. In other cases it will be one, two, three or even four hours after the meal before the onset of the pain, which would indicate that the nearer the ulcer is to the pylorus the longer the time elapsing before the onset of the pain. This distress, particularly in

the ulcer situated in the duodenum and near the pylorus on the gastric side, coming on two, three or four hours after the meal, is often relieved temporarily by eating and the patient will often recognize this and as the pain comes on will take a cracker, glass of milk, etc. This relief is due, no doubt, to the free hydrochloric acid in the stomach being taken up and combined with the food and only manifesting itself again when in excess. Pain is usually increased by the taking of coarse food and irritating drinks, also by retching and vomiting.

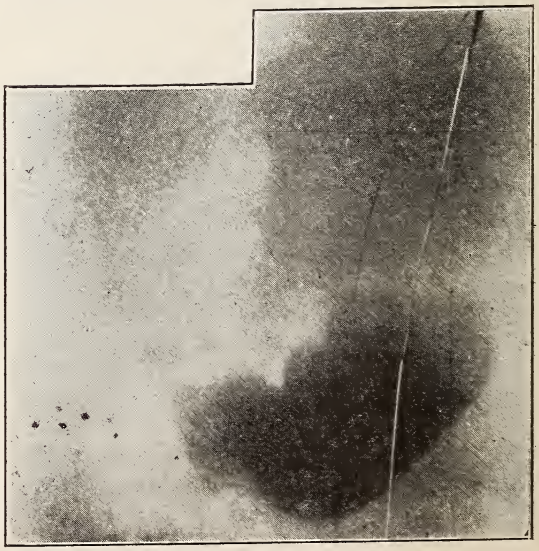
Vomiting, which is next to pain in frequency, occurs in a large percentage of cases and usually follows the onset of pain, but may be more or less constant irrespective of the contents of the stomach, or may immediately follow the taking of anything in the nature of food or drink. At times the amount may be small and frequent; at others, particularly when there is a pyloric stenosis, the vomiting may be less frequent but large in amount and by its character denote gastric retention, as when articles of food eaten at a previous meal, or the night before, are found in the vomitus.

Blood and mucus are frequently present and can be noted microscopically in most cases when there is vomiting, not as bright red, but as brownish or of the characteristic coffee ground appearance. When not apparent in the vomitus it may be demonstrated in the feces chemically in nearly 48% of cases. Occult blood is found particularly frequent when the ulcer is situated in the duodenum. Large amounts of blood may be vomited or be found in the feces, giving—in the latter—a black, glistening, tarry appearance, caused by a hemorrhage at the site of the ulcer. If the hemorrhage is into the stomach and is at all considerable in amount, the blood acts as an emetic and may then be bright red or darker in appearance, depending upon the length of time which has elapsed before vomiting takes place.

The bleeding, which may be constant or intermittent, large or small in amount, causes a secondary anemia which at times is of a very serious nature, the hemoglobin falling to 30% and 25% and lower. In suspected ulcer cases it is always advisable to place the patient on a meat free diet for from 48 to 72 hours and after administering a saline, test the feces for occult blood.

It is a well established fact that the treatment of Gastric Ulcers must be considered from the medical as well as the surgical aspect, and the physician, whether surgeon or medical man, who would rule out either and say that all ulcers must be operated upon or, on the other hand, that all ulcers must be treated medically, is not a safe man in either line of work, and has not the best interest of his patient in mind. That there are ulcers that the surgeon must take care of is just as true as that there are gastric ulcers that had better be left to the medical man to treat, is an ever-growing conviction. To my mind, the best results are obtainable through a hearty co-operation and a closeness and sympathetic attitude between the medical man and the surgeon, each recognizing the necessity of the other.

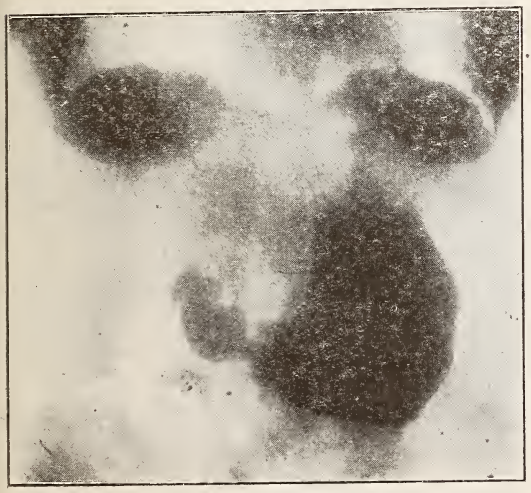
No. 1—Perforating, hemorraghic gastric ulcer causing hour glass contraction—surgical type.



No. 2—Duodenal ulcer causing obstruction—surgical type.

Among the ulcers which should be treated by operation are those at or near the pylorus, causing a stenosis at that point; the ulcer that has a tendency to repeated hemorrhages; the perforating ulcer; the chronic ulcer and that class of acute ulcers that do not seem to respond to medical treatment.

In the medical class—and the number is a large one—may be included the acute ulcers and those of whatever type, whether accompanied by stenosis, whether hemorrhagic in type or perforating in character, that the surgeon decides may be too dangerous to operate on and must be classified as poor surgical risks, due to conditions existing in the heart or kidneys; advanced age, extensive adhesions and many other conditions that may be present and which the experienced surgeon recognizes as militating against the safety of his patient and the success of his operation.



No. 3—Duodenal ulcer non obstructive—medical type.

It is the writer's invariable rule, before beginning active treatment of a gastric ulcer, to examine the mouth carefully, have the teeth x-rayed, if necessary, and—if indicate—have all decayed and infected teeth extracted, thereby removing any possible foci which might retard the process of repair. Many gastro-enterologists have evolved numerous methods of treatment based principally upon the diet employed, as, for example, that of Lenhartz, Riegel, Leube, Ewald and Senator. In my opinion the diet, while an important part of the treatment, occupies a place of secondary importance, after the early days, and the neutralization method, as exemplified by Sippy, has a strong appeal because of its reasonableness and scientific application.

Given a case of ulcer in the stomach which is being irritated continually by the highly acid gastric secretions, increased by the work the stomach is called upon to do—the problem is, how to overcome that irritation to the raw and sensitive surface and permit nature to repair the wound as she will if given an opportunity.

No. 4—Duodenal ulcer non obstructive—medical type.

The treatment is carried out on the principle of rest in bed for three to four weeks and complete neutralization of the stomach contents by the use of the alkalies, principally magnesium and bicarbonate of soda, the amount given to be determined by aspiration taken at different times of the day. Feedings of milk and cream—two or three ounces—are given hourly from 7 A. M. to 7 P. M. in the proportion of 2 and 1, followed by sufficient alkali to completely overcome gastric acidity. After the fourth day it is my custom to change the feedings to every two hours and gradually increase the amount, and after the eighth day to add small quantities of well-cooked cereals, soft-cooked eggs, cream soups, etc. On the 14th day the feeding intervals are changed to three hours with an increase in diet, the intent being to give as bland, non-irritating and easily digested diet as possible, following each feeding with sufficient alkaline powder. Nitrate of silver in solution is also given night and morning to promote the healing process, as is also bismuth subcarbonate. Antispasmodics, as tincture belladonna, are also employed three times

daily to lessen secretion and spasmodic contraction. The bowels must be regulated, either by the character of the alkaline powder used or a soapsuds enema given every second or third day.

Another method of treatment, and one which has frequently been used by the writer, is that devised by Einhorn. In properly selected cases it has proven of great value. It consists in the employment of a soft rubber tube of small calibre, perforated at its distal end, which is swallowed by the patient and passes through the mouth, esophagus, stomach and pylorus into the duodenum. Through this tube the patient is fed, the stomach being put at absolute rest, the feedings going into the upper part of the intestinal tract. Medication may be given by mouth, as has already been suggested, but for a period of three weeks all food is given per tube. The feedings by the tube, consisting of milk, sugar of milk and eggs, are of high caloric value and are given every two hours. The results of this treatment, after the severe retching and vomiting with the accompanying pain and starvation, are often truly remarkable.

Included in the treatment of Gastric Ulcer, a word or two concerning the post operative care of those cases treated surgically, would not be amiss.

Too many times the good and skilful work of the surgeon is nullified and one more failure to cure is recorded, simply because the patient has not had the benefit of the proper care following his operation. After the performance of a gastro-enterostomy, resection or other similar procedure, it is but frequently courting surgical disaster not to give the patient careful treatment for from three to four months. The diet at that period should be as carefully selected as in those cases treated medically, as well as the proper therapeutic measures employed. The habits of life should also be carefully regulated. A much larger percentage of cases classed as cured, would be the result of a more careful carrying out of the post-operative regime.

Aldine Building, Broad Street, Newark.

Major Amputations in United States Forces—According to official advices from Washington, the total of major amputations to date is 3,034, of which approximately 600 are arm amputations and 1,708 leg amputations. The remaining 726 are of hands, feet, and two or more fingers. Not all of the men who suffered these mutilations require special training to enable them to make a living.

THE ADEQUATE TREATMENT OF SYPHILIS.*

By J. J. SEELMAN, M. D.,
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During the past few years my work has brought many cases of syphilis under my observation. I have had opportunities to observe the methods employed by different physicians in the treatment of this disease, and to note the results obtained by those methods. The drugs used, of course are few. Mercury, arsphenamine, iodides and the cacodylates probably cover the list. But in regard to the selection of the drug or combination of drugs to be employed, the dosage, the method and frequency of application and the hygienic control of the patient there seems considerable diversity of opinion among physicians.

I have had two convictions forced upon me in regard to syphilis. The one that the quite formidable prevalence of active cases of the disease is not recognized by the average physician, and he is not sufficiently on his guard to detect signs of its existence. The other that the disease is not, as a rule, adequately treated when it has been recognized.

The first conviction is based on the fact that it is rather a common experience in our laboratory to obtain definitely positive reactions on persons who have made the rounds of numerous physicians, none of whom suspected the disease, and who were referred for Wassermann tests only after they came under the scrutiny of the consultant or specialist.

The second conviction is based on a comparison of the usual methods adopted in the treatment of the disease, with the methods that should be adopted in the light of our more recent knowledge of the subject. Clinical and serological surveys made by investigators indicate that between ten and twenty per cent. of the population of this country is infected with syphilis. The percentage findings vary, of course, with different classes of people and with different methods of diagnosis.

The actual incidence of syphilis is probably much higher than indicated by these surveys, as the Wassermann test is not always positive in latent and hereditary syphilis, and many persons infected with trepo-

*Read before the Medical Section, State Medical Society of Wisconsin, at Milwaukee, October 2, 1918, as given in the Wisconsin Medical Journal.

nema pallida do not show any clinical signs of the fact. Of special interest in this connection is the work of Wathin. He came to the conclusion that in order to obtain dependable information as to prevalence of syphilis it is not enough to make Wassermann tests, take histories and examine patients, nor even to look for gross evidences on the post mortem table. He showed that the ordinarily accepted post mortem criteria of the presence or absence of syphilis are extremely inadequate, and that very often a thorough, painstaking microscopic search of tissues and organs will reveal spirochetes or evidences of their presence in individuals who show no gross syphilitic lesions, and who during life presented none of the ordinary recognized symptoms of the disease. In 750 autopsies made at Ann Arbor he found evidence of syphilis in 40 per cent. of the material. His work is open to some criticism, because he cannot show conclusively that the lesions he regards as syphilitic are really due to treponema pallida infection, nor even that the spirochetes he has been able to find in many of these lesions are true treponema pallida. However, even allowing for a considerable margin of error, one cannot help but feel that this method of supplementing gross post mortem findings with a careful and exhaustive microscopical search of the tissues and organs for spirochetes and their lesions marks a distinct epoch in the study of syphilis, and if followed by others will show that syphilis is far more prevalent than was suspected even by the most pessimistic.

Because of the war the already appalling prevalence of syphilis will be further increased. Hazen, quoting French authorities states that in 1916 there were over 200,000 cases of syphilis along the French battle line alone, and that in Paris the disease has increased 66.6 per cent. He also states that he has been told by unimpeachable authorites that syphilis has greatly increased in the Italian army and among the wives of the soldiers. Hecht estimates that since the beginning of the war an equivalent of 60 divisions have been temporarily withdrawn on account of venereal disease. At the time his article was written he estimates that the Austrian army contained several hundred thousand syphilitics.

In our own army every effort is being made to reduce to a minimum the venereal menance. Judging from statistics thus far reported the measures that have been instituted for this purpose have been reasonably successful. However, all systems of control which army men have devised have a leak, whihch it has thus far been impossible to stop, namely, the furlough. Virile men on their leaves of absence tend to excessively indulge, and consequently excessively expose themselves in an effort to make the most of their brief respite from enforced continence. This leak is the more treacherous when the men reach countries in which the syphilization of the civilian population, higher even in normal times than n this country, has been greatly augmented on account of war conditions.

It is also highly probable that many cases of latent syphilis among the soldiers will become active because of lessened resistance due to exposures and injuries. It is, therefore, highly important for the future welfare not only of the returning soldier, but also of the civilian population, that every general practitioner acquaint himself with all the available methods of diagnosing the disease, and that he be constantly on the lookout for it. Possibly one out of every three or four patients that enters the consulting room is a spirochete carriier, and one out of every ten an active syphilitic. After the war this proportion will doubtless be considerably increased.

Next to the need of recognizing the disease comes the need of proper treatment when it has been recognized. While this paper is to concern itself chiefly with methods of treatment, I am going to consider briefly some of the newer conceptions of the epidemiology, pathology and symptomatology of syphilis, especially insofar as they may influence our therapeutic attitude.

Syphilis is not as essentially a sex disease as has been supposed. Congenital and extragenital infection is probably much more freuqent than present available statistics would indicate. We know now that the typical hunterian chancre in sexually transmitted infection is the exception rather than the rule. Unless an extragenital chancre is typical in appearance it is usually not recognized. Even typical chancres are often overlooked. I have the records of a number of patients who presented themselves for darkfield examinations after having carried a typical chancre for weeks, during which time they consulted a number of different physicians none of whom suspected the true nature of the lesion. It is reasonable to assume that the extragenital chancre is non-typical in at least the

same proportion of cases as it is in genital infections. Taking into consideration this type of lesion which is probably never recognized, and the typical chancres which are overlooked, the conclusion is justified that extragenital infections are considerably more frequent than published reports would indicate. Noguchi states that under favorable conditions treponema pallida remain viable for about twenty-four hours after separating from a lesion. Uhlenhuth and Mulzer find the viable period to be twenty-four hours. Evidence also seems to point to the existence of a granule stage in which form the organism may be spread intermediately and from which mature spirochetes may develop. When, with these facts in mind, one considers the large number of syphilitics with open primary and secondary lesions who are permitted to freely mingle among their families, their friends and the general public, and even to hold positions which render them doubly dangerous, such as waiters, cooks, bar-tenders, barbers, etc., one understands better the need of being on the lookout for syphilis even in cases which give absolutely no history of a venereal infection.

I venture to say that nine of out of every ten physicians associate with a recent syphilitic infection an invariable symptomological sequence, viz., the typical, indurated hunterian chancre appearing from two to four weeks after exposure, followed in six weeks to two months by the classical secondary lesions. Just why it should be expected that a syphilitic infection will always be followed by a definite and invariable symptom complex does not appear. We do not find, nor expect it in any other infectious disease. As a matter of fact, just as the atypical chancre is more frequent than the typical, so mild, evanescent secondaries are more frequent than the florid type, and complete absence of demonstrable secondaries are probably not infrequent.

The character of response to a syphilitic infection is determined by two principal fatcors: (a) the strain of infecting organisms; (b) the degree of immunity of the host. Noguchi has shown that various strains of spirochetes with varying morphology produce constant varying types of lesions. Reasoner has also demonstrated the selective affinity of certain strains of spirochetes for certain tissues. It is, therefore, highly probable that differences in localization and symptoms, and differences in aggressiveness and consequently in the severity of the lesions produced are due at least in part to differences in strains of the invading organisms. In part, also, such differences are dependent on immunity factors. It is easily conceivable that some persons may have so adequate an immunity mechanism that spirochete pallida find it impossible to invade their tissues. From this extreme to the other, an entire absence of defensive forces, there is, doubtless, a coincident variation in tissue pathology and consequently in symptomatology, from a mild, scarcely recognizable symptom complex to the fulminating type of the disease.

As a matter of fact the human race has developed a very high degree of immunity to syphilis. In the majority of cases, when an invasion does take place, the individual assumes the role of spirochete carrier, and so long as the immunity mechanism remains intact the organisms are unable to bring about any serious disturbance. It should be remembered, however, that immunity to any disease is only relative, and that an adequate immunity may be rendered inadequate or even be entirely destroyed, by unhygienic living, especially dissipation, intercurrent diseases, or the natural changes that come on with age. I believe the last factor is especially operative in syphilis, and is the reason why so many cases remain latent during the virile period of the patient's life, only to become active again with the oncoming of the lessening resistance of age. There is still much obscurity concerning the immunity mechanism in syphilis. For instance, it is generally supposed that the Wassermann reatcion is brought about by antibodies in the blood. The fact is, however, that the Wassermann test is not a specific reaction, and that the substances in the blood which bring it about are probably nothing more than coincident by-products of the disease. Noguchi has shown that "a syphilitic animal may give a positive completment fixation with various lipoids without at the same time containing any antibodies for the treponema pallida." He finds this also true of human sera except in certain late tertiary cases, in which the reaction may be specific. Kolmer and Broadwell, Jr., found that there is no relationship in vitro between completment fixing bodies in syphilitic sera and its immune properties. They believe the lytic type of immunity to be either entirely absent or at least of minor importance in syphilis. While agglutinins have been demonstrated in the blood of experimentally immunized animals it has not yet been shown that they are a factor in immunization in human

syphilis. In just how far an increased knowledge of the immunity mechanism operative in syphilis will aid us in the treatment and control of this disease is, of course, problematical. It surely offers a hopeful field for investigation for there is, I believe, no disease in which natural immunity factors are so vitally concerned and so effective as in syphilis.

The epoch making work of Warthin will force us to re-write the pathology of syphilis. The typical lesion of syphilis is not localized and circumscribed but generalized and diffuse. Not aggressive and destructive but mild and slowly productive. In by far the larger proportion of cases no gross anatomical lesions are presented, the disease being demonstrable only after a more or less careful microscopical search. The lesions begin as lymphocytic and plasma cell infiltrations, and gradually undergo fibrosis. Warthin has found them in the "myo-, endo-' and pericardium, the aorta, pulmonary and other large arteries, nervous system, liver, pancreas, adrenals, testis, prostate, pre-vertebral and mesenteric tissues." He finds them in various stages of development, from those just beginning, to dense masses of fibrous tissue. In the latter he never found spirochetes, and they can, therefore, be considered as healed areas. However, he has never seen a case in which there were no active lesions present somewhere in the body. As already stated, he found lesions characteristic of syphilis in nearly forty per cent. of all his autopsy cases. In a large number of these the Wassermann was negative and there were no definite symptoms of syphilis during life. In one series of 165 syphilitics he could demonstrate the treponema pallida in fifty, in all of which there had been a negative Wassermann and no evidences of syphilis during life.

Having in mind these newer conceptions regarding some of the phases of syphilis, one approaches the question of the methods of treating the disease with the thought that these perhaps, too, need more or less revison. What constitutes adequate treatment in syphilis? There are few questions that are given a more diversified answer by authorities. From the most intensive methods to an almost total neglect of the patient, one can find authority for almost any kind and degree of treatment. If our newer knowledge of syphilis teaches us any one thing more than another, it is the fallacy of adopting any stereotyped mode of treatment, and the need, long taught by some authorities, of treating each patient in accordance with his indivdual requirements, as evidenced by his particular idiosyncracies, pathology and symptomatology. It is not a question of choosing an intensive method, or a passive attitude, or compromising between the two, but a question of adequate treatment. What is entirely adequate treatment in one case may be entirely inadequate or even distinctly harmful in another. The practice of adopting and recommending a stereotyped form of treatment without any effort at a classification of cases must inevitably lead to much mischief.

I offer herewith tentatively a classification of syphilitics for purpose of treatment, and the therapeutic indications for each class. It is not my intention to consider the minuter details of treatment, but only the general principles that should guide us in handling the different classes.

Class 1. Cases diagnosed in the early primary stage. At this stage if seen early enough, it is possible that the disease is still localized, or at most has spread only to the neighboring lymph glands. If a generalized diffusion of the spirochetes has taken place, they are still lodged in the perivascular lymph spaces, with perhaps only a beginning mild inflammatory reaction, and are readily accessible through the blood stream. They have had no opportunity to acclimate or entrench themselves. Under these conditions much can be expected from a proper course of treatment. This should be intense and vigorous. Many recommend at least eight intravenous injections of arsphenamine given each a week apart, together with intramuscular injection of mercury. This method has been condemned by some, who point to the fact that the intervals between injections permit spirochetes to become arsenic fast. Akatso and Noguchi have shown that by exposing succeeding generations of spirochetes to increasing amounts of arsenic in vitro a very highly tolerant strain can be developed. It is very proboble that a similar tolerance develops in vivo, and that this is the reason for the failure of intensive arsphenamine treatments. The tendency, now is, and it is doubtless, a tendency in the right direction to give, where intensive treatment is indicated, a large dose of arsphenamine daily or every two days until three, four or even five doses are given, following by a rest period of two or three weeks, and then by a vigorous course of mercury. This procedure may be repeated two or three or even more times (depending on the Wassermann and

spinal fluid findings) at intervals of several months. The underlying idea of this method is to more nearly approach Ehrlich's original conception of a "therapia magna sterilisans," and to prevent the development of arsenic and mercury fast organisms.

Class 2. Cases diagnosed in the late primary and secondary stages. In these cases a generalized distribution of spirochetes has taken place, but they are still quite accesible. The inflammatory reaction is in the stage of hyperemia, with round cell in filtration, and spirocheticidal substances introduced into the blood can reach the organisms much more readily now than they can later if the latter are given an opportunity to entrench themselves in dense bundles of connective tissue. The intensive treatment recommended for the early primary cases is also indicated in this class, but a larger number of courses are necessary to entirely sterilize the system. I don't think we can sufficiently emphasize the need of intensive and sustained treatment in the early stages of syphilis, for it is then and then only, that a cure can be effected. To follow the practice of Heidingsfeld and give only a single injection of arsphenamine, is a great injustice to the patient. True, many of the cases so treated will go on to a negative Wassermann. But so also will cases that receive no treatment at all. They become Wassermann negative, spirochete carriers, undergoing slowly productive visceral changes, and are always potential active syphilitics, tabetics and paretics. Of course, it goes without saying that whenever the ntensive treatment of syphilis is decided upon, the physical condition of the patient must be carefully watched, and the intensity of the treatment gauged according to his endurance.

Class 3. Tertiary cases with active syphilitic lesions and negative spinal fluid. In these cases the aim should be first of all to arrest and if possible heal the presenting lesions. The mode of procedure must depend largely on the individual case. If the physical condition is generally good, especially if the heart and kidney seem reasonably normal, an intensive course may be dicided upon. Usually such lesions are of an active, inflammatory or gummatous character, and will respond quite readily to treatment. In favorable cases several courses of intensive treatment may lead to a negative Wassermann. I believe, however, that in these cases the securing of a negative Wassermann should not be a prime object. Very often it can not be obtained with any amount of treatment. They all have, in addition to the active and destructive lesions, the fibrous productive lesions with buried spirochetes practically inaccessible to treatment. Any attempt to institute treatment sufficiently vigorous to reach and destroy these deeply entrenched spirochetes, would necessarily need be so intense that the injury done to normal tissues would far more than counterbalance the good that could be attained. After the active lesions have been healed, they should be handled in much the same manner as the following groupes.

Class 4. This constitutes a large group of cases with vague, indefinate symptoms, often rheumatic or neuritic in character, sometimes referable to the cardiovascular or renal systems, sometimes to the stomach, bowles and reproductive organs, less often to the respiratory system. It also includes neurotic cases without definitely demonstrable central lesions and negative spinal fluid. In all such cases a Wassermann test should be made. It will rarely be found strongly positive, more often mildly positive or negative. It is here that, I believe, we should revise our interpretation of mildly positive Wassermann reactions. I believe that in all these cases, whether the test is strongly or mildly positive, anti-syphilitic treatment should be instituted. This should not be an intensive form of treatment. Even the most intensive treatment will not eradicate the disease, and will usually do more harm than good. It connot reach the entreached organisms, and may injure the non-invaded tissues to such an extent that they become more vulnerable. The object should be to give just enough treatment to destroy the more readily accessible organisms, and to continue treatment sufficiently to prevent involvement of the non-invaded tissues. This can be accomplished by giving one or two injections of arsphenamine and at least three courses of mercury during the year. The courses of mercury should be repeated every year. Schamberg, et al, have shown that the calomel ointment is just as effective as the blue ointment. A properly prepared calomel ointment is as clean and as easily rubbel in as so much cold cream, and patients submit to this form of treatment much more readily than to the old-fashioned, dirty blue ointment. They can usually be induced to take several courses of twenty-five or thirty rubs each year which will prevent not only an involvement of the still healthy tissues, but also a progression of the infected areas. Potassium iodide

should also be administered a few weeks during each interval of mercury treatment.

I realize that there will be considerable objection on the part of many practitioners to consider cases coming under this group, especially when the Wassermann test is only mildly positive, as being syphilitic. I myself do not believe that they should be definitely so classified and told that they are syphilitic. Such knowledge will often bring about a mental state that will do far more harm than the disease itself. However, they are entitled to the benefit of the treatment, not only for the purpose of making them more comfortable, but also to prevent progression of the disease. They can be told that they have some blood discrasia that will require repeated purifying to prevent serious consequences. The purifying of blood is a process that seems to appeal to most of the laity, and to which they readily submit. Of course they must be carefully watched, and if it is found that the mercury does not agree with them, or that their symptoms do not subside, that fact may be considered as a therapeutic negative test, and treatment discontinued. On the other hand if, in those cases in which the the treatment controls the symptoms, the above outlined plan is carried out, I am sure that the future incidence of cardio-renal cases, aneurisms, arterio-scleroses, cerebro-spinal syphilis, tabes and paresis, will be greatly reduced.

Class 5. Not infrequently persons who are perfectly healthy, and who present no objective abnormalities, but with a history of a past syphilitic infection, are found to be Wassermann positive. What shall we do with them? Here again I believe it to be a serious blunder to institute intensive treatment in an effort to negative the Wasserman reaction. It is in these cases that Heidingsfeld's advice to "let sleeping dogs lie" is justified. The immunity mechanism of the system is adequate controlling the disease, and the spirocheses are probably doing little more harm than the streptococci in the mouth or colon bacilli in the intestinal tract. A lumbar puncture should be made, and if the spinal fluid findings are negative, the policy of watchful waiting is indicated. At the first appearance of objectives, the patient should be treated according to the plan outlined for class 4. If the spinal fluid is positive, however, the treatment outlined for the following group should be instituted.

Class 6. In every case of syphilis or suspended syphilis an examination of the spinal fluid should be made. It will be found that not infrequently cases diagnosed in the primary or secondary stage, even after intensive treatment, will still show a positive fluid after the blood has become negative. A continuation of the intensive treatment will, as a rule, clear up the fluid. On the other hand, if no fluid examination is made, and the patient pronounced cured on the evidence of the blood findings alone, and if a nervous involvement is present, he will inevitably, sooner or later, reach a stage in which effective treatment becomes extremely difficult or even impossible. A nervous involvement of syphilis is revealed in the fluid long before any objectives are presented, and long before any destructive changes have taken place. We have, therefore, in spinal fluid examinations, a means of recognizing at its inception an involvement that will ultimately, if left to itself, lead to the most pitiful of human ills. And when it is understood that at this early stage this involvement is still amenable to treatment, that the majority of these cases can, if properly treated be cured, and that consequently, the number of future tabetics, cerebro-spinal syphilitics and paretics can be greatly reduced, the importance, both from an economic and humanitarian standpoint, of making routine spinal fluid examinations must become evident. It is hardly within the scope of this paper to go into the details of the treatment of cerebro-spinal syphilis. All I wish to do here is to point out the need first of an early diagnosis, and second of intensive treatment continued until the fluid has been cleared up. Even when the diagnosis is made later, after destruction has begun, this intensive treatment is indicated. One is justified here in risking the possible injury that the treatment itself may inflict, because it is the lesser of two evils.

In a general way it may be said that the treatment should consist of weekly intravenous arsphenamine injections, mercurial injections or inunctions, and the administration of iodides. If the spinal fluid does not clear up even after prolonged and insistent treatment, one is justified in resorting to intraspinous treatment. Despite the pessimistic views expressed by Sachs, later controverted by Fordyce, the majority of recent investigators are agreed that intraspinous treatments offer the best hope for an amelioration and even cure of the disease in those cases in which the intravenous route has poven unsuccessful. In cerebro-spinal syphilis more than in any other

form of the disease, the individual requirements call for a nicety of therapeutic adjustment that can be done full justice to only by one who has given the subject special study. Wherever possible, these cases should be turned over to the care of the specialist.

In all cases of syphilis, the general hygienic care of the case is as important as direct therapeutic measures. I can think of no better way of emphasizing this point than by quoting Warthin: "The sphilitic is pathologically 'damaged goods'; and the damage is a progressive one. He wears out sooner, his viscera more quickly reach their histogenetic limits, he actually becomes prematurely old, and there is a constant strain upon his defensive powers. All of these are arguments for the prevention of syphilitic infection rather than for its cure. No man can acquire syphilis, become clinically cured, which as far as we know means latency of the infection, that is, spirochete carrying, and have the same potential body-value and expectancy of life as before the infection. This pathologic conception of the syphilitic, is probably always a spirochete carrier once the infection is acquired, should influence the therapeutic management of this chronic infection. The syphilitic, even when apparently perfectly well, should have his life laid out for him along lines tending to prevent the reawakening of the virulence of the organism or an increased susceptibility of the body tissues and organs. This is done for the patient who has once had clinical tuberculosis; when properly treated his future life is planned to prevent the reawakening of his infection, because he, too, is usually, if not always, still a carrier of the infective agent. But in the case of the syphilitic such hygienic measures are not applied, implicit reliance is usually placed upon a certain amount of salvarsan or mercurial treatment, while the infected individual is permitted to take up his life again as if he were an ordinary individual, and, as a rule, he succumbs prematurely to the stress and strains incident even to ordinary living. The treatment of syphilis, as is ordinarily carried out, looks only to the present moment; it should look to the whole future life of the infected individual."

SUMMARY.

Syphilis is a far more prevalent disease than is usually supposed.

There will be a considerable increment of cases of active syphilis after the war.

Because of the well developed relative immunity of the human race to syphilis, the majority of infected persons become spirochete carriers, with Wassermann negative blood and never develop any symptoms which are definitely referable to the disease. In these cases there is usually no history of well defined primary or secondary lesions, because immunity factors prevent their occurance.

In only a small proportion of persons who become infected, immunity resistance is on a sufficiently low level to admit the development of definite primary or secondary lesions.

Whenever recognized in the primary or secondary stage, the patient should, whenever possible, receive intensive and sustained treatment.

For intensive treatment daily or bi-daily, intravenous arsphenamine injections are preferable to the weekly injections, provided, of course, that they can be tolerated.

In tertiary cases the intensive treatment is only exceptionally indicated. In many cases it may prove harmful. These cases should all be treated according to individual requirements.

In every case of syphilis a lumbar puncture should be made. In primary and secondary cases this should be done after treatment has been completed and before the patient is discharged as cured, and in tertiary cases as soon as the disease has been diagnosed or is suspected of being present. If the findings are positive the patient should at once be turned over to the specialist.

Clinical Reports.

Sleeping Sickness Follows Influenza—Numerous cases of sleeping sickness have been reported in Kansas City and it is believed by some physicians to be an aftermath of influenza. Among noteworthy cases in Kansis City are Miriam Johnson, aged fourteen, who has been sleeping for five months; Adelaide Oswood has been asleep for fifty-seven days, and a master mechanic on the Sante Fe Railroad who has been unconscious for 120 days. Only one death has been reported. The symptoms are extreme nervousness and a profound sleep. Patients may be roused to a semi-conscious state and will partake of nourishment, only to slip back into coma in a few minutes.

Male Pseudohermaphrodism.—Dr. Girou, in Presse Medicale, relates the case of a supposed girl who came to operation for left inguinal hernia. The condition proved to be an ectopy of a testis as shown by the result of operation and microscopy. There was a pseudovulva present which would have deceived the average anatomist. The clitoris (inreality penis) was 2 cm. long and a hypospadias extended

downward to the meatus. The labia majora and nymphae were perfect. The vagina was a mere dimple 1 cm. in depth. Another gonad was apparently present on the opposite side in the inguinal ring. The breast was maculine, as was also the voice. The upper lip showed a rudimentary beard. There was nothing to suggest menstruation. The subject was quite indifferent to men and was psychically a female.

Case of Iritis Due to 3rd Molar Impaction.

T. I. Leiche, D. D. S., Chicago, Ill., in the American Journal of Surgery reports the following:

The case history of Mr. C. P., age 42. In Aug., 1917, the patient had a severe attack of iritis and neuralgia of the left side of the face, head, neck and shoulder.

Oculist's treatment: Sodium salicylate, atropine in eye — 2 injections of streptostaphlococcus vaccine. The attack lasted three weeks. He then suffered a nervous breakdown, and was sent to the country for two months to recuperate. He recovered slowly.

In Feb., 1918, a second attack occurred, which commenced after he had been exposed to cold. The attack lasted a week. Treatment as in first attack, but instead of vaccine he was given intra-venous injection of some other remedy.

He had no history of lues. Two Wassermann tests were made, both negative.

At this time he was referred to the writer. Skiagrams were taken of both dental arches. This revealed an impacted third molar in the upper left arch.

He was advised to have it removed, but refused such treatment. In Sept., 1918, he again suffered an attack. After having been in bed about a week he presented himself to have the impacted tooth removed.

It was decided to remove both the second and third molars under infiltration anesthesia.

Within 12 hours afterwards the iritis subsided and in a week the neuralgia had disappeared.

To date there has been no recurrence.

Torsion of the Appendix.

Dr. John E. Payne, in the British Journal of Surgery, reports a case where ten years ago the patient was seized by a sudden abdominal pain and faintness which lasted about six hours. There was no vomiting and the pain gradually subsided. The diagnosis made, at that time, was appendicular colic. This attack was followed by indigestion, which persisted for several months, and the patient often suffered from pain in the right iliac fossa on the second day of her menstrual periods. Two years ago the patient had another attack of severe pain, which lasted for thirty-six hours, was accompanied by vomiting, but bore no relation to her menstrual period. This was diagnosed as a bilious attack. For the past month the indigestion had been bad with some abdominal pain, and a sense of fulless in the epigastrium. She was finally seized with a sudden pain in the epigastrium after lunch, vomiting several times. The pain then shifted to the right iliac fossa and became continuous. On opening the abdomen the appendix was found pointing downward and slightly outward in the right iliac fossa, quite free, except for a slight recent adhesion from the extreme tip to the iliac fossa. It was found to be twisted and it took three complete turns to unwind it. The appendix distal to the narrowing was gangrenous and the mesoappendix dark and swollen. It contained fecal material and it seems probable that the previous attacks were due to a constipated appendix and that the torsion had resulted from the peristaltic movements on the part of the appendix.

Amebic Ulcer of Colon and Abscess of Liver; Duodenal Perforation.

Dr. Henry E. Tuley, Louisville, reported these cases to the Louisville Medico-Chirurgical Society, as reported in the Kentucky Medical Journal:

I have recently had the opportunity of seeing two most interesting fatal cases in the Louisville City Hospital, report of which I believe will be interesting from a clinical standpoint. Necessarily at the hospital we oftentimes see the end results, and in many instances it is most difficult to make a clinical diagnosis. Both of the cases to be reported belong to that class.

Case 1. The first patient was admitted with an indefinite history and the man was evidently much below par mentally. The most pronounced symptom was frequent and profuse intestinal hemorrhage. I saw several of the bed pans myself and they were filled with blood clots; there was but little free fluid blood.

The patient was in the hospital six days, during this time his temperature was normal; his abdomen was flat; he complained of no pain excepting in the right hypochondrium; anorexia was marked; more or less stupor was constantly present; his pulse was weak throughout and he finally died. We were unable to make a clinical diagnosis other than dysentery. I may say, however, that the margin of the liver extended four fingers breadths below the border of the rib and there was some tenderness in that region. About the only way he could be roused was by palpation over that area.

The autopsy revealed mutiple abscesses of the liver and extensive ulceration of the colon from the cecum to the rectum which I believe was amebic in origin.

Case 2. The second patient was admitted to the hospital a few days later and remained there twenty-four hours, just long enough to be a coroner's case. He was in extremis when admitted, with cold clammy perspiration, and a history of having been ill for three weeks without medical attention. He complained of excruciating pain in the upper abdomen which was tremendously distended and tympanitic. He died without our being able to induce an alvine evacuation and vomited only once. The diagnosis in this case was "an acute surgical condition of the upper abdomen with everything pointing toward acute peritonitis, and possibly perforation of stomach or duodenum.

I have never seen an abdomen opened at autopsy which contained as much fluid and pus, as was present in this case. Finally after dissecting through extensive adhesions in the upper abdomen there was found perforation by a smaller ulcer in the upper part of the duodenum with a larger ulcer near it.

Without an autopsy a diagnosis would have been impossible in either of these cases. Occurring so close together and both such acute cases they were extremely interesting to me from a clinical standpoint.

Abstracts from Medical Journals.

Resection of Gastric Ulcer.

Dr. Carnot's arguments, in the Paris Medicale, present a good plea for resection of the ulcer as gastro-enterostomy alone does not ward off the danger of hemorrhage, perforation and malignant degeneration. Even resection, however, does not guarantee absolutely against these, although materially reducing the danger. It should be supplemented by prolonged medical treatment and dieting.

Gastric and Duodenal Ulcers.

A report on the mortality after operations for duodenal and gastric ulcer made at the Mayo Clinic, Rochester, Minnesota, by the New York Life Insurance Company, is of considerable interest. The records of the Mayo Clinic were particularly well adapted to this investigation because statistics regarding patients were recorded for some time subsequent to operation. The cases included those operated upon from January, 1906, to December, 1915, including 2 323 cases. Of 521 cases under observation for gastric ulcer, 17% died; of 1,651 cases of duodenal ulcer, there was a 5% death rate; of 91 for gastric and duodenal ulcer, 10% died.

The results of the mortality investigations show that (1) the percentage of operative deaths in the hospital following operation for gastric ulcer was fully twice that for duodenal ulcer; (2) the mortality among persons operated upon for gastric ulcer is three times as high as among those operated upon for duodenal ulcer during the three years following the operation; (3) the mortality among persons operated upon for gastric ulcer decreases relatively after operation, but the data are not sufficiently extensive to determine the number of years which must elapse before the death rate is similar to that of the general population; (4) the mortality among those operated upon in the Mayo Clinic for duodenal ulcer is less than that among the general population.

The average age at the time of operation of those operated upon for gastric ulcer was forty-seven in the case of men, and forty-three in the case of women; the average age of those operated upon for duodenal ulcer was forty-four and forty-two respectively.

Lumbar Painful Point with Appendicitis.

Dr. Brun has had a number of cases of acute appendicitis in which the pains and contracture were more pronounced in the inferior lumbar region than in front. The appendicitis was retrocecal in these cases. This form is more common in children than in adults. The painful point in the lumbar region should be sought with care in conditions suggesting appendicitis, especially when there is not much to be noted in front. He has found this painful point in 30 per cent. of his cases. It is located above the middle portion of the right iliac crest. The maximum intensity is in the outer angle of the triangle of Petit. There may be contraction of the muscles of the posterior wall, and comparison with the left, sound side is instructive. These findings not only reveal appendicitis which might otherwise escape recognition, owing to the negative findings in the iliac fossa, but they also guide the surgeon to the most convenient mode of access to the appendix.

Series of Cases of Cesarean Section.

Dr. A. C. Beck, in American Journal of Obstetrics, says: Although much has been written concerning the too frequent use of Cesarean section as a means of overcoming obstetric difficulties, it is at times the best means of obtaining a good result in serious obstetric difficulties other than marked disproportion, especially when the dangers of the cruder methods—version, crancolamy and decapitation, forceps on the unengaged head, etc., are considered; even though mortality may not occur, infection and trauma are so great as to make it absolutely essential for difficult and dangerous gynecological operations to be performed to relieve them. Beck uses a modified Kronig operation which he describes minutely, having several illustrations also. The principle of his modified technic is to completely seal off the peritoneal cavity from the closed uterine incision so as to place a definite barrier in the path of those infections which reach the peritoneum through infection of wound in the uterus. This is accomplished by the lapping of the peritoneal flaps. In his personal series of 37 cases there was only one death, probably due to eclampsia. When the operation is done before term there is great danger of losing the premature infant—it should not be performed in the interest of the child.

Blood Pressure and Kidney Function Findings in Orthostatic Albuminuria.

Drs. E. H. Mason and R. J. Erickson, in the Amer. Jour. of Medical Sciences, confirms the findings of Drs. Erlanger and Hooker of the remarkable decrease in pulse pressure present when cases of orthostatic albuminuria assume the upright position, and have noted the production of almost as low a pulse pressure when the patients are in the horizontal position with an exaggerated lordosis artificially produced by placing two pillows in the small of the back. They believe that the condition of orthostatic albuminuria is a general systemic disturbance manifesting itself in faulty development, as shown by a general visceroptosis, a "drop heart," a generalized muscular and visceral atonia, known to be associated with varying degrees of vasomotor instability. The symptoms so commonly complained of, such as headache, lassitude, constipation, and loss of weight, are the natural results of physical conditions. The increased lordosis that is usually present they consider to be a symptom due to the faulty muscular development and tone of the lumbar muscles. This exaggerated lordosis is well recognized in many muscular dystrophies and atrophies, and in other conditions involving the lumbar and abdominal muscles. The low pulse pressure they consider to be undoubtedly the cause, rather than a mechanical interference with the venous return from the kidneys. In all of their work the albuminuria varied inversely as the pulse pressure, regardless of the position.

Cerebrospinal Syphilis.

Dr. Alfred Schalek, in the Urologic and Cutaneous Review, says: G. L. Qualls (Military Surgeon) points out that the contributing factors in acute invasion of the central nervous system are:

1. Strains of a high invasive power, having a special affinity for the central nervous system.
2. Strains resistant to treatment.
3. The destruction of a greater number of parasites in the body outside of the central nervous system and cerebrospinal fluid by salvarsan, and because of the inability to reach them by treatment, or of their resistance to drugs, they remain. This sudden withdrawal of inhibition gives the remaining or resistant organism a chance for rapid multiplication and development in the cerebrospinal system.

In the light of our present knowledge it would appear that practically all cases of syphilitic involvement of the central nervous system are acute and it has been shown (Wile and Stokes) that 60 to 70 per cent. of all syphilitics, in the secondary stage, show signs of infection of the central nervous system in varying degrees. The cases treated by the author by means of intraspinal medication seem to have improved more rapidly and improvement was apparently more permanent than in those receiving neosalvarsan only. He believes that the administration of mercury to its limit of tolerance, in conjunction with intravenous and intraspinal medication of salvarsan, is a potent factor for good. By employment of proper technic the amount of serum given intraspinally may be materially increased without depression or serious after effects, and with more rapid improvement.

Derangements of the Semilunar Cartilages of the Knee Joint.

Dr. M. S. Henderson, Rochester, Minn., in the April Minnesota Med. Jour., has an able paper on this subject, limiting the discussion mainly to the internal semilunar cartilage, expressing the belief that the internal is damaged more than twenty-five times as often as the external cartilage. 98 cases were operated on in the Mayo clinic; the right was affected in 44 instances and the left in 54. The internal semilunar was removed in 94 cases and the external in 4 instances; in the latter cases the symptoms were relieved in three of the four. The doctor concludes his paper as follows:

Conclusions. — 1. A semilunar cartilage should not be molested unless there has been more than one attack of locking.

2. The term loose cartilage is not correct. A ripped or torn internal semilunar will be found in the majority of cases. There is no uniform type of tear, but there are two common types, namely, the middle three-fifths, torn longitudinally and placed in the intercondylar notch, the "bucket-handle" tear, and the anterior extremity torn longitudinally and hanging as a loosely attached body readily nipped between the joint surfaces.

3. The symptoms which should be present are: history of trauma (usually indirect), pain, disability, locking of the joint, effusion, and a negative radiogram.

4. In atypical cases operation should be done only after very careful consideration.

Medical Societies' Reports.

The Medical Society of New Jersey.

The 153rd, or "Victory" meeting of the Medical Society of New Jersey, was held in the New Monmouth Hotel, Spring Lake, June 24 and 25, 1919. The attendance of members and lady guests on the preceding evening was much larger than usual. The Board of Trustees met that evening for business preparatory for the Society's despatch of business. The House of Delegates met on the morning of the 24th, all the officers and a large proportion of the trustees being present. As a full account of the proceeding will appear in an early issue of our Journal, we briefly refer to some leading items. Dr. C. H. Sproul was elected chairman of the Board of Trustees and Dr. English was re-elected secretary.

President T. W. Harvey presided at all the sessions of the Society; his ad interim appointments—of Drs. W. J. Chandler as secretary and C. D. Bennett as chairman of the Publication Committee, to fill the vacancies caused by the deaths of Drs. T. N. Gray and A. A. Strasser, were confirmed by the Society. Several new permanent delegates were elected; Dr. Mercer, treasurer, reported as on hand Jan. 1, 1919, $5,000 in bonds and $1,250.64 in cash; his accounts were audited and found correct. Dr. Bennett, chairman of the Publication Committee, reported the Journal in a prosperous condition with a net surplus of $450 on January 1, 1919, and that for the five months of 1919, the gain exceeded that of 1918, notwithstanding increase in cost of paper and labor. Dr. D. C. English was re-elected editor for the year beginning July 1st. All the committees and councilors presented encouraging reports; in Medical Defense there have been fewer cases which were successfully defended.

The reception to returned members of the Medical Corps, U. S. A., was exceedingly enjoyable; brief addresses were made by Lieut. Col. McCoy, Majors Kraker and Eagleton, Capt. Wintersteen and others.

Two of the most important actions were in establishing two prizes of $500 each for the coming year, which were unanimously approved by both the Board of Trustees and the Society, as described on page 244 of the Journal; and second, the appointment of a committee to consider and act upon the recommendations made by the president in his able address and which means the more thorough organization of the profession in New Jersey for its own and vastly more for the public's welfare. The scientific and literary work of the General Sessions was of a high order of excellence. The Orations in Medicine and in Surgery by Prof. Elsworth Eliot of New York ond Prof. Thomas McCrae of Philadelphia respectively; the annual addresses of President Harvey and Third Vice-President Costill, were exceedingly able; and indeed all the papers presented gave evidence of careful preparation and were full of helpful instruction. The deaths of Drs. T. N. Gray, A. A. Strasser and Henry Mitchell were appropriately observed and lamented. The papers and their authors were announced in the May Journal; those announced for reading by title, were read in full. A warm welcome was extended to the Society by Dr. P. P.

Rafferty of Red Bank, major in the M. C. who recently returned from France. He represented the Monmouth County Medical Society. At the banquet able addresses were delivered by the Society's able counselor, Albert C. Wall of Jersey City; F. L. Hoffman, the eminent statistician of Newark; Major Everitt Colby of Orange and W. L. King, Esq., of Middlesex Borough. The inability of Governor Runyon and State Comptroller Bugbee to attend was very deeply regretted.

The officers elected for the ensuing year were: President, Dr. Gordon K. Dickinson; first vice-president, Dr. P. A. Harris; second vice-president, Dr. H. B. Costill; third vice-president, Dr. James Hunter Jr.; corresponding secretary, Dr. H. A. Stout; recording secretary, Dr. W. J. Chandler; treasurer, Dr. Archibald Mercer. Lieut. Col. John C. McCoy, M. D., was elected councilor of the Second District, in place of Dr. F. H. Todd, resigned. The other councilors were re-elected.

New Jersey State Pediatric Society.

The tenth annual meeting of this society was held in the New Monmouth Hotel, Spring Lake, Monday evening, June 23rd. The report of it was received too late to appear in this issue of the Journal. It will be inserted next month, with the paper, which was read by Dr. D. E. English of Summit, N. J., on "The Human Side of Reconstruction," which we solicited.—Editor.

The New Jersey Sanitary Association.

The Executive Council of this association met in the Robert Treat Hotel, Newark, last month and made preliminary arrangements for the next annual meeting, which it was decided should be held in the Laurel-in-the-Pines Hotel, Lakewood, December 5 and 6, 1919. A program of more than usual excellence was outlined, but the final draft of it was left to a committee with power to complete.

County Medical Societies' Reports

BURLINGTON COUNTY.

H. Eugenia Whitehead, M. D., Reporter.

A regular meeting of the Burlington County Medical Society was held at the Arcade Hotel, Mount Holly, June 18, 1919, at 1 o'clock P. M. Twenty-five members were present.

The following papers were read: "The Diagnosis and Treatment of Cholelithiasis," by Dr. E. R. Mulford of Burlington.

"The Immediate Repair of Recent Lacerations of Pelvic Floor and Perineum," by Dr. D. H. B. Ulmer of Moorestown.

Some interesting cases were reported. A report of the Burlington County Tuberculosis Hospital at New Lisbon was read and discussed at length.

The applications for membership of Drs. A. P. Rorer and Harry L. Reynolds were both recommended.

The society adjourned after dinner to meet at Brown's-Mills-in-the Pines in October.

MIDDLESEX COUNTY.

Charles J. Sullivan, M. D., Reporter.

The regular June monthly meeting of the Middlesex County Medical Society was observed mainly as a social meeting at the beautiful summer home of Dr. Frank M. Donohue, Cedar Crest, Bound Brook, on his special invitation. In the absence of the president, Dr. Forney, Dr. A. C. Hunt presided. After a brief session of business, the members and guests proceeded to enjoy the wonderful scenery and the hospitality of our host and hostess. Drs. J. L. Lund and G. W. Fithian of Perth Amboy spoke on their experiences at training camps in M. C. army service. Dr. B. V. D. Hedges advised those present to pay more attention to relaxation and thereby live longer. Dr. T. H. Tomlinson, present as a guest, thanked our members for the resolution of congratulations they sent him concerning his sixty years of the practice of medicine, recently celebrated in Plainfield. Dr. F. M. Donohue thanked the members of our society and the other guests from Union and Somerset counties for accepting his invitation and assured them that it was one of his greatest pleasures to welcome them there each year. Among those present were Drs. Brown, Carroll, Fithian, Gruessner, Hoffman, Howley, English, Runyon, Tobey, Carrington, Meinzer, Voorhees Lund, Wilson, Riva, Rice, Selover, Scott, Sullivan, Hunt Burnett of Middlesex; Drs. Hedges and Tomlinson of Union; Fisher, Wild, Mack, Cooper, Flynn and Stillwell of Somerset County.

A rising vote of thanks was extended to Dr. and Mrs. Donohue for their kind hospitality.

MONMOUTH COUNTY.

J. Evart D. Silcox, M. D., Reporter.

The semi-annual meeting of the Monmouth County Medical Society was held at De Lisles at Allaire, N. J., on Monday, June 16. We had a grand good time. Col. Edwin Sternberger, M. D., a summer resident of West End, Long Branch, was the speaker of the afternoon. He described the results of some of the new ideas of medicine and surgery as he observed them during a sixteen months' army service in France. A shore dinner was served after the business session; the after-dinner speaker was Peter P. Rafferty, M. D., of Red Bank, who told in a very humorous way of some of his experiences as head of the Field Hospital of the 42d Division. Those present included: Dr. R. B. Wilson, president, of Red Bank; Drs. H. A. Hendrickson, secretary of Atlantic Highlands; W. A. Robinson, treasurer, Ocean Grove; J. E. D. Silcox, reporter, Keyport; H. E. Shaw, W. K. Campbell, H. B. Slocum and J. E. Maher, of Long Branch; Drs. Edwin Field, P. P. Rafferty, W. A. Rullman, C. A. Scott and E. W. Crater, of Red Bank; Dr. James J. Reed of Seabright and Dr. C. A. Gesswein of Matawan.

MORRIS COUNTY.

Britton D. Evans, M. D., Reporter.

The regular quarterly meeting of the Morris County Medical Society was held on the afternoon of June 3 at the Morristown Memorial Hospital and immediately was preceded by a delicious luncheon served in the hospital dining-room.

The formal session was called to order with President Harris Day in the chair. The minutes of the previous meeting were read by the

secretary, Dr. H. W. Kice and approved without dissent.

Dr. I. G. Frost and Dr. F. W. Rice were elected to membership in the society. One application for new membership was received and referred to the Committee on Credentials.

The program set forth that the first paper of the day would be read by Dr. F. Ward Langstroth of New York City, but owing to a regrettable misapprehension as to the date of the meeting the doctor was unable to be present because of having committed himself to a prior engagement for the same date.

Dr. Samuel C. Haven of Morristown read an admirable paper, the subject being "Responsibilities of the General Practitioner Toward the Tuberculosis Problem." The doctor divided the subject into three parts: first, diagnosis; second, treatment, and third, educational and preventive work. He said that tuberculosis was one of the most curable of all diseases and that probably ninety per cent. will recover if taken in time in the incipient stage. He dwelt upon the importance of the physician having a sufficiently strong sense of his personal responsibility in the making of a careful and thorough examination and diagnosis and of gaining the confidence and co-operation of the patient; he cited cases coming under his personal observation where the symptoms had not been recognized and had been treated for minor invasions of the health of the patient, probably the result of a too hurried and cursory examination, thus incurring delayed proper treatment until too late to accomplish gratifying results in some cases. The doctor laid stress upon the importance of the physician availing himself of the advantage of consultation with specialists and of laboratory and x-ray tests so as to arrive at an accurate diagnosis and to prescribe proper treatment. He said that sometimes diagnosis is difficult or impossible without these tests, and that upon the accuracy of the diagnosis might depend whether or not a breadwinner must give up work and possibly bring tragedy to other members of the family. He said that after diagnosis there should be a definite plan of treatment in which a sympathetic understanding on the part of the physician of the patient's condition and circumstances plays a large and important part. He strongly advised against the sending away from home of a patient, unless for free treatment, without being satisfied that the expense can be met, and cited cases where patients had arrived at comparatively distant points from their homes with only sufficient means to carry them for a few weeks, under which conditions the looked for results could not be accomplished. He said the physician must give to his treatment the sympathetic personal touch; that the patient and physician should be regarded as partners in the great game of gaining a cure; that the patient must understand what is required of him in order to co-operate with the physician and that the physician should be painstaking in imparting full instructions to the patient; and that only by co-operation can the best results be obtained. The doctor referred to the large proportion, from 50% to 60% of tubercular conditions, found in infancy which develop later and said that toward the children the greatest responsibility of the physician lies; he mentioned in this connection the organizing by the U. S. Government of a widespread movement for child hygiene. The doctor said that the general education of the public along preventive lines probably was a governmental or municipal function; that every case of tuberculosis was directly attributable to ignorance and that while all humans are liable to mistakes, we justly are to blame unless we fulfil our full duty and that all diagnostic resources should be availed of and everything done to prevent the spread of the infection to others.

Dr. Haven received a rising vote of thanks and the unanimous approval of the members present for his most admirable paper so ably prepared and in which he treated the substantial and practical aspects of the subject with so much lucidity.

Among those who accepted the invitation of the chair to discuss the paper were Drs. Douglas, Glazebrook, Wilkinson, Hutchinson, Horne and Evans.

The election of a permanent delegate to the State Society to fill the vacancy caused by the death of Dr. A. E. Carpenter of Boonton, was taken up and Dr. H. W. Kice of Wharton was selected unanimously. Many touching tributes were paid to the late Dr. Carpenter and in order that the society might fittingly record its sense of loss of an able, conscientious physician and a dignified and useful citizen, Drs. B. D. Evans and Cuthbert Wigg were appointed a committee to draw up memorial resolutions to be submitted to the society for its action.

The Morristown Memorial Hospital received a cordial vote of thanks and appreciation for its hospitable entertainment and the privileges extended to the society on the occasion of the meeting.

After adjournment of the formal session the program was completed in the x-ray room of the hospital, where Dr. Abel (nee Dean), the hospital pathologist and roentgenologist exhibited a series of highly interesting and instructive x-ray plates during which the histories of the cases were read and elaborated by Dr. Glazebrook which enabled a comprehensive appreciation of the important individual aspects set forth in the roentgenograms shown.

The annual meeting of the society will be held in September in the State Hospital at Morris Plains.

Local Medical Societies.

Practitioners' Society of East Monmouth.

This society met on June 19, 1919, in annual session at Thomas Silvermere Inn.

Dr. Virgil P. Gibney of New York City was the speaker of the evening. After the meeting we went to the dining hall where we enjoyed greatly a banquet, the speakers were Drs. Gibney, Sternberger, Field, Welch and Rafferty. We all went to our homes greatly enlightened by Dr. Gibney's address on Foci Infection.—J. Evart D. Silcox, reporter.

West Hudson Hospital Medical Staff (Stumpf Memorial) Meeting.

Walter G. Mead, M. D., Secretary.

The members of the staff of this hospital met June 9 at the residence of Dr. Edward

H. Willan, Arlington, N. J. After the transaction of routine business our host, Dr. Willan read a paper entitled "Observations at the Autopsy Table of General Hospital No. 5 During the Recent Influenza-Pneumonia Epidemic." It was discussed by several members present.

Conference of Nurses in Newark.

At a conference held last month, Dr. Julius Levy of the Child Hygiene Bureau, said: "One of our greatest difficulties is to keep mothers from putting their babies on bottles too early. Babies should be breast-fed until they are six months old at least. Such babies have ten times better chance to live during the hot months than those brought up on bottles, and we are doing our best to impress this fact upon mothers. Bottle-fed babies are particularly exposed during the summer, especially if they are under three months old."

National Medical Associations.

A. M. A. ANNUAL MEETING.

The 70th Annual Meeting—Victory Meeting of the American Medical Association, was held at Atlantic City, June 9-13, 1919. The House of Delegates met in the library of the Hotel Traymore at 10 A. M. on Monday, June 9. The A. M. A. Journal gives full reports of the Transactions, and as there are 1,481 physicians in New Jersey who receive that journal, we give only a brief account of the meeting.

Address of Welcome was delivered by President Thomas W. Harvey of the Medical Society of New Jersey as follows:

Mr. President, Guests and Fellows of the A. M. A., Ladies and Gentlemen:

It is my pleasant duty to represent the Medical Society of New Jersey in this welcome to the members of the American Medical Association to the shores of our compact little State, a welcome that is universal from the wooded dells of Sussex to the shinning sands of Cape May. We know that nowhere in the world is there a convention city so well suited to your purposes, whether you come for scientific instruction, for the improvement of your health, or for just the happiness of your souls.

It is most fitting that our State Society should join in this welcome, because we are the oldest medical society in the union, and have a sort of grandmotherly interest in all youthful societies just reaching their seventieth birthday. Moreover, this year of all years, we should gather here at this Atlantic seashore and recall the fact, that one year ago, this shore was in the war zone and exposed to bombardment, and that now we have reached the piping times of peace, with our minds freed from the horrors of impending invasion.

We also welcome the great army of medical men—over thirty-five thousand—who, sacrificing all that made life worth while, laid upon the altar of their country, the wealth of experience and knowledge, the results of many years' hard work,—their love of home and family, their hopes for the future and even life itself, that our army and navy should have everything that modern science had to offer for their safeguarding and their rehabilitation. We also welcome that other great army of medical men, who, compelled to remain at home, gave so much thought and labor, and time, to the work of the selective service in the preliminary examination of our soldiers, and there was no more wonderful demonstration of the prompt efficiency of our people in the whole course of the war.

We also welcome the medical men of our Allies, who bore the heat and burden of the day, meeting the new problems in war-time surgery and hygiene with such wonderful skill and devotion that, when at last we did come in, we found that the principles underlying the work had been so thoroughly worked out, that our men had only to study and apply the details.

To these, we join also, that devoted band of American doctors, who from the outbreak of the war in 1914, rushed over to the assistance of their European brothers, and aided much as we know, in establishing the surgical treatment of the wounded upon a sound foundation.

We also welcome here those brave souls, who in the trenches, and in No Man's Land offered up the supreme sacrifice, and whose spirits we feel sure are here in attendance at this Victory Meeting, watching that we are faithful to our trust, and that we carry on as they did, in our divinely appointed office of carrying succor to those afflicted by disease.

We certainly can take great pride in the work of the doctor in this world war, and in the great reduction of permanent casualties that he has effected.

We in New Jersey are also proud of the fact, that one-third of the membership of our State Society volunteered in the service.

The duty of the future is to enlarge and strengthen our organization in all its ramifications, that we may be prepared for the tremendous social changes that are threatening the peace of all classes of society.

If the doctors are to keep medicine as one of the liberal professions, we must antagonize all efforts to reduce it to a trade; but if it is to be a trade, we must organize as efficient a union as possible, and use union methods for self protection.

If after a week of medical conventions here at Atlantic City, you are still desirous of drinking even deeper from the fountain of Oesculapius, you may be sure of a warm welcome at the convention of the New Jersey State Society, at Spring Lake, on the 24th and 25th of this month, to which you one and all, are most cordially invited.

The following papers were read by members of our State Society:

Dr. Fred H. Albee, Colonia, on "Restoration of Loss of Bone from Gunshot Wounds."

Dr. William E. Darnall, Atlantic City, on "What Has New Jersey Done in Mosquito Extermination?"

Dr. Wells P. Eagleton, Newark, on "Cerebellar Abscess."

Dr. Richard C. Newton, Montclair, on "Some Clinical Experiences in the Treatment of Children with Tuberculin."

The following members discussed papers read: Dr. F. H. Albee, Colonia, Dr. V. C. David's paper on "War Injuries of Joints." Dr. H. D. Corbusier, Plainfield, Dr. J. T. Rugh's

paper on "Pre-combat Orthopedic Work in the United States"; also Dr. J. C. Graves' paper on "The Curative Work Shop." Dr. Linn Emerson, Orange, Dr. C. P. Emerson's paper on "The Ophthalmologist and the Physician"; also Dr. S. Theobald's paper on "Correction of the Muscular Anomalies of the Eyes." Dr. H. I. Goldstein, Camden, on the five papers of the Symposium on Influenza. Drs. J. M. Miller, Atlantic City, and R. C. Newton, Montclair, discussed Dr. Louis Fischer's paper on "The Abuse of Cathartics and Laxatives in Infancy and Childhood"; Dr. Newton also discussed Dr. McCready's paper on "The Nervous Child and His Management." Dr. C. A. Rosewater, Newark, discussed Dr. L. Ott's paper on "Forty Years' Observation Among Beer, Wine and Whiskey Drinkers"; also Drs. Weisenberg and Williams' papers on "War Neuroses."

The following officers were elected: President, Dr. William C. Braisted ,Admiral of the U. S. Navy; first vice-president, Dr. David L. Edsall, Boston; second vice-president, Dr. Emery Marvel, Atlantic City, N. J.; third vice-president, Dr. Eugene S. Talbot, Chicago; fourth vice-president, Dr. George H. Kress, Los Angeles; secretary, Dr. Alexander R. Craig, Chicago; treasurer, Dr. William Allen Pusey, Chicago; speaker of the House of Delegates, Dr. Hubert Work, Pueblo, Colo.; vice speaker of the House of Delegates, Dr. Dwight H. Murray, Syracuse, N. Y.; trustees, Dr. A. R. Mitchell, Lincoln, Neb.; Dr. Oscar Dowling, Shreveport, La.; Dr. D. Chester Brown, Danbury, Conn.

Dr. Philip Marvel, Atlantic City, is president of the Board of Trustees.

The total enrollment at this year's Victory Meeting was 4,929, of which 363 were from New Jersey.

The membership May 1, 1919, was 82,288; weekly average of the Journal's circulation was 67,209; the Fellowship of the Association was 45,412, a gain of 697 over report of 1918. From the treasurer's report we learn that the Association's surplus December 31, 1918, amounted to $471,661.50, an increase of more than $48,000 over previous year. Of hospitals there were reported in October, 1918, 6,440 having 10 or more beds; a total capacity of 758,442 beds. In New Jersey, 184 hospitals with 10 beds; 116 with 10 to 100 beds; 42 with 101 to 200 beds; 21 with 201 to 500 beds, and 5 with over 500 beds, a total in State of 24,128 beds.

Physicians licensed in 1918 in New Jersey: By examination, 12 Class A, 4 miscellaneous; by reciprocity or credentials, 41 Class A, 6 Class C, 37 miscellaneous; total, 101.

American Neurological Association.

At the annual meeting of this association, which is part of the Congress of Physicians and Surgeons which met in Atlantic City, last month, Dr. H. A. Cotton, medical director of the Trenton State Hospital, spoke on Dementia Praecox. He said:

"Dementia praecox is an organic brain disease and not a functional mental disease. The cause of this mental trouble is chronic foci of infection ad toxemia resulting from this infection. Chronic infection of the teeth, tonsils and gastro-intestinal tract are the most important foci.. This disease, which has been held to be incurable, we now consider curable in the early stages. Twenty-four cases have been discharged from the New Jersey State Hospital at Trenton during the past year as recovered.

"Cases must be treated early because the taxemia poisoning affects the brain tissue and after two or three years the brain becomes damaged to such an extent that with the removel of the foci of infection there is no improvement in the patient's mental condition. By these new methods adopted at the State Hospital we are able to discharge eighty per cent. of the cases admitted against an average of forty-two per cent. for a ten-year period previous to the adoption of such methods. This means that we are preventing this type of patient from becoming chronic and a lifelong charge to the state."

Trades Union Anti-Tuberculosis Association.

The seventh annual report of this association recently made claims, in the recapitulation of its seven years work, the permanent cure of seventy-four cases of tuberculosis in some form, sixty of them adults. In fifty cases the progress of the disease was arrested. In all, during this period, 557 cases were cared for. The report shows that the organization has 7,000 members in good standing. In the adult department during the past fiscal year sixty-one new cases were reported. Many of the children who have been treated have been sent to the country for summer vacations, and it is planned to continue this work the present summer. Dr. I. Edward Gluckman, Newark, physician of the organization, reports that in this branch of the work he made 735 visits in the last two years; that 1,388 quarts of milk, 240 dozen eggs and many prescriptions were given free in that period.

United States Pharmacopoeial Convention.

The convention of 1920 will mark the first century of the Pharmacopoeia and will be held in Washington, D. C., under the presidency of Dr. Harvey W. Wiley, on the second Tuesday of May, 1920, at a place to be designated later. Delegates are requested to forward their credentials to Dr. Noble P. Parnes, Arlington Hotel, Washington, D. C.

Church to Supervise Health of Its Missionaries.—A medical department, under the direction of the Board of Foreign Missions, to guard the health efficiency of its missionary workers, has been established by the Methodist Episcopal Church. Dr. J. G. Vaughan, formerly of Nanchang, China, is executive secretary of the new department with temporary offices at 111 Fifth avenue, New York. Missionaries in the field and on furlough will have the benefit of counsel from the new department, while all candidates will undergo their medical examinations from the physicians in charge. To provide for the best service in this respect, suitable offices and equipment will be obtained, with a sufficient staff of trained workers. Supervision of the health of the workers in the field will gradually be taken over by the new department.

PRIZES OFFERED FOR ESSAYS

BY

The Medical Society of New Jersey

at the 153rd Annual Meeting—Victory Meeting—of the Medical Society of New Jersey, held at Spring Lake, N. J., June 24 and 25, 1919, the Society unanimously adopted the recommendation of the Prize Essay Committee to offer Two Prizes, practically for world competition. The Committee report as follows:

The Medical Society of New Jersey offers Two Prizes of Five Hundred Dollars Each—The subjects of the Essays to be as follows:

FIRST ESSAY—GROUP MEDICINE; can it become practical for the General Practitioner, particiluarly in the Rural Districts. This essay is open to the competition of members of the Medical Profession only, unlimited as to locality or country.

SECOND ESSAY—STATE MEDICINE, or the socialized effort of the Profession. Has the time arrived for its adoption and, if so, what should be the attitude of the Medical Profession towards it? This essay is open to the competition of any one—physician or layman.

Conditions Necessary for Successful Competition:

The essays shall be typewritten in the English language.

The first essay—Group Medicine—must be limited to 4,000 words.

The second essay—State Medicine—must be limited to 5,000 words.

They must be in the hands of the Committee by March 1, 1920.

They must not be signed or show evidence of authorship.

Each essay must be accompanied by a sealed envelope with the same motto on the outside as is put upon the essay.

The writer's name and address must be within the sealed envelope, which will not be opened until the prizes have been awarded.

The Essays shall be the property of The Medical Society of New Jersey.

Prize Essay Committee
- ALEXANDER MARCY, JR., M. D., Chairman, Riverton, N. J.
- NORTON L. WILSON, M. D., Elizabeth, N. J.
- GEORGE T. WELCH, M. D., Passaic, N. J.

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Wm. J. Chandler, M. D., South orange
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David C. English, M. D., Editor 389 George St., New Brunswick.

Each member of the State Society is entitled to receive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—
All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to The Editor.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal are sent direct to The Chairman of the Publication Committee.

THE VICTORY MEETING.

AMERICAN MEDICAL ASSOCIATION.

From every point of view the annual session of the Association held at Atlantic City last week must be considered a success. The attendance far exceeded the expectations of the most optimistic; the registration was 4,929, exceeding by nearly 1,000 the registration of the largest previous Atlantic City session, held in 1914; in fact, the registration this year has been exceeded only by that of the Chicago and New York sessions.

An unusual feature was the new arrangement for section meetings by which each section holds only one meeting a day. This plan was carried out by all of the sections except one, and the House of Delegates directed that the plan be continued.

The special Victory Meetings on Wednesday and Thursday evenings and the war sessions held Thursday afternoon, devoted to general medicine and surgery, were a novelty of this session. These meetings were well attended, the foreign guests and distinguished representatives of the American organizations were enthusiastically received and the programs were instructive. Reports of these meetings appear in this and in the next number of The Journal.

The sessions of the House of Delegates were unusual especially because of the sociologic-medical aspects of the questions discussed. Narcotic addiction, social insurance, physical education, pharmaceutical interests, the publication of new journals, antivivisection legislation, daylight saving and the securing of permanent benefit from the medical work of the war—these were some of the subjects which engaged the attention of the House and on which definite recommendations were made or action taken. These are reported in the published minutes of the House of Delegates.

Among other attractions the scientific and commercial exhibits were exceptional both in the quantity and character of the material presented. In the scientific exhibit special notice should be given to the demonstrations by the Army and Navy Medical Departments and the Public Health Service of work both during the war and in preparation for peace. Connected with the scientific exhibit was a continuous motion picture performance in which were shown many new educational films.

Finally, it is not amiss to add here a note of thanks to the physicians of Atlantic City for their co-operation. Arranging for an annual session of the Association requiring numerous meeting places, large exhibit space and hotel accommodations for over 5,000 physicians and their guests is no small task. The aid given by an active local committee on arrangements is a determining factor in the success of the session.—A. M. A. Journal.

OUR VICTORY MEETING.

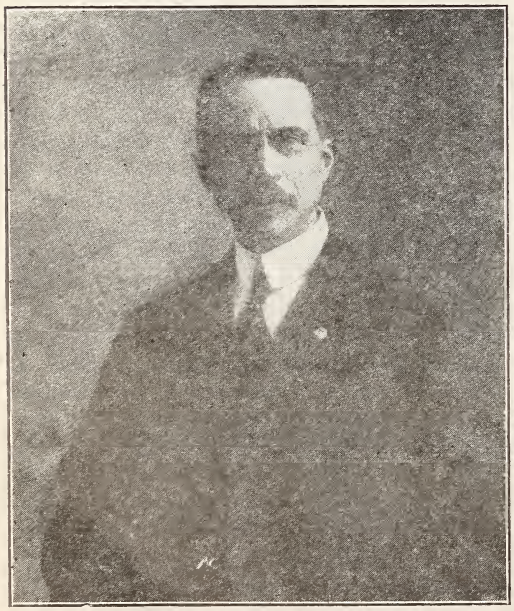
The 153rd annual meeting of The Medical Society of New Jersey, at Spring Lake last month was a very successful one notwithstanding the fact that the attendance of members was a little less than usual, as is always the case when the American Medical Association meets the same month in Atlantic City or the neighboring cities of New York and Philadelphia. So many of our members attend the several days sessions of the latter body that they cannot well give the two or three days additional to attend our Society's meeting. But although lacking in attendance of regular delegates, we had nearly the usual number of associate delegates and lady guests.

The meeting was memorable not only because of the general excellence of the scientific program — orations, addresses and papers presented, and the reception given our members who had returned from M. C. Army service; but also because of its actions in ordering: 1. Two prizes of $500 each, for world-wide competition for Es-

says on Group Medicine and State Medicine—two of the most important subjects bearing on the future advancement and success of the profession; and 2. The adoption of plans for the more thorough organization of our profession for the maintenance of its standing, honor, growth and efficiency. The latter action was taken in responce to the excellent recommendation contained in the practical and admirable address of the President—Dr. Thomas W. Harvey. The Society appointed a committee consisting of Drs. Harvey, McCoy, Eagleton, English and Costill to consider this matter with power to take such action as they deemed necessary. Dr. L. M. Halsey subsequently offered some excellent resolutions bearing upon the subject, which were referred to the above-named committee. We invite attention to the president's address and its recommendations, and the committee will doubtless welcome any suggestions from members bearing on the subject.

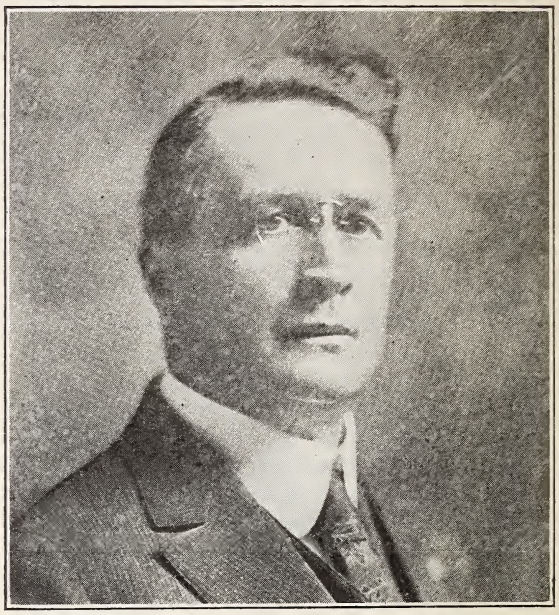
We enter upon another year's work under the leadership of our able new president—Dr. G. K. Dickinson—and congratulate the Society on the election of Dr. James Hunter, Jr., as third vice-president; a comparatively young man who has rendered valuable service to the Society in the past. Our membership is larger than ever before. It should be 2,500 next year.

OUR NEW PRESIDENT.



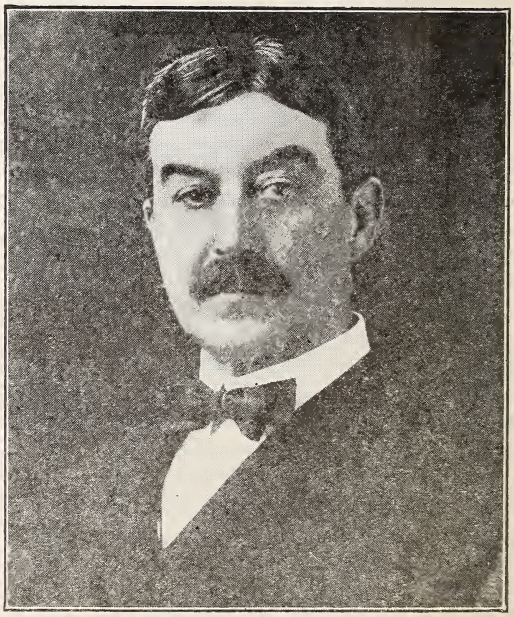
GORDON K. DICKINSON, M. D.

OUR THIRD VICE-PRESIDENT.



JAMES HUNTER, Jr., M. D.

FRANK M. DONOHUE, M. D.



The City of New Brunswick has lost, by the death of Dr. Frank M. Donohue, its ablest physician and surgeon, and the State of New Jersey has lost one of the very ablest of her many able surgeons. As a diagnostician and successful operator in surgery we believe him to have been unex-

celled. He followed closely in the footsteps of his preceptor, Dr. Clifford Morrogh of New Brunswick, in his professional career, in his close relation to the financial institutions of the city—Dr. Donohue having been a most active and influential director of three of the banks of the city and the city's funding commissioner—and in his State and nation-wide reputation and influence as a citizen.

We quote the words of Judge Peter F. Daly, presiding judge of the Middlesex County Court of Common Pleas, as substantially expressing the judgment of the many physicians, lawyers, bankers, merchants and other citizens who in the local press, at the editor's request, testified as to Dr. Donohue's worth and work.

Judge Daly said: "Dr. Donohue was so big a man in the field of humanitarian endeavor; he towered so high in his profession; he was such a lustreful son of New Brunswick, the county seat; he was so helpful to the courts in the administration of justice, that, although he held no office conneced with the courts, yet he was so rare a man as a physician and surgeon that he was regarded as a great public figure, so great that there is no distinction that can be given to his memory that cannot be justified by remembrance of his splendid life in doing good through the exercise of the most sacred profession." Judge Daly adjourned the sessions of the county courts during the day of the funeral service.

According to the custom that has usually been observed—that the ablest, busiest and most altruistic—non-commercialistic—practitioners are the most active in sustaining the organized profession. Dr. Donohue was one of the most faithful members of his county society—regularly attending and largely contributing to its scientific work. He was the first elected permanent delegate of the Middlesex County Medical Society to the State Society and he was an active member of the latter society. He served the past two years as the efficient chairman of its Business Committee and at the recent annual meeting was elected to represent the society at the next annual meeting of the New York State Medical Society.

He was president of the medical and surgical staff of St. Peter's General Hospital, New Brunswick, and his great worth there was remarkable for its long, careful, scientific service and its highly successful results. He was also a member of the staff of the Middlesex General Hospital.

The Editor of this Journal had been for very many years in close personal and professional touch with Dr. Donohue, and words fail him to express the high regard he had for the worth and the work of the man, and his personal grief that he feels over his departure. He was a great physician, a great surgeon, a great citizen, a devoted personal friend, whose courtesy, modesty, gentleness, uprightness, straightforwardness and fidelity made him a friend beloved who will ever be held in grateful remembrance.

THE RETURNING DOCTOR.

There is much speculation as to the changes in practice of medicine as a result of war service. Will the doctors go back to general practice? Will they lean toward public health activities? Will they desire rather to take up preventive work in factories and schools than to resume general or special practice? Has State medicine been promoted by the employment of large numbers of physicians on salaries in the public service?

These are some of the questions which are being asked. They are all receiving affirmative answers by the results of demobilization, to date. What the final tendency will be cannot be clearly observed for some time. Probably one of those changes, particularly in rural districts, will be in the direction of group practice.

The army doctors have been practising group medicine for two years. They have been doing team work. Specialists were available for every case which needed their services as a part of the regular routine. Diagnosis was made by co-operation among as many doctors as were necessary to make it complete. There was very little individual work. The men worked rather in teams. Preventive medicine was practised on a large scale and all of the doctors took part in it. There were hospitals to take care of the disabled, but the main object was to keep the men well and physically fit.

Many doctors undoubtedly received a new view of the practice of medicine, and many undoubtedly lost their desire for individualistics practce. They will, when they go back to their former fields of activity, desire to work more in teams and to have better facilities than heretofore. The rural doctor particularly will desire to have some type of group practice with facilities to take care of the sick in the rural regions. Army practice has shown the way for the develop-

ment of group diagnosis and treatment, and the physicians who have worked long enough in the army to get the new point of view will not be satisfied to practise medicine, in the country, at least, without having within reach more complete diagnostic facilities and accessible provision for the care of the sick, together with means of transportation. Experments in the extension of medical service into rural districts through rural hospitals, as in Canada and in some parts of this country, have pointed the way for an enlarged development which the experience of the returning doctors will make easier of accomplishment.—Modern Medicine, Editorial.

COMPULSORY HEALTH INSURANCE.

To deprive any citizen of the privilege of putting his life in the hands of a physician of his choice is un-American and it is equally un-American to compel a physician to attend a person in sickness when for a good reason he would like to be excused. If a man must submit his life to the dictates of a bureaucracy, such a man is robbed of his liberty and independence as it is related to that which is above all things sacred to him.

Where is the justice or equity of discriminating legislation that would advocate a bureaucracy to control and dominate the members of the medical profession to the extent that such bureaucracy shall determine the personnel of a physician's clientele and the fee he may charge regardless of the qualifications attained and the specially skilful service rendered? One cannot be in sympathy with such a contemptible statewide lodge practice. Why should the members of the medical profession, who at present rank in qualifications with that of any other profession or calling, be commercialized at the instigation of comparatively few apparently self-appointed ultra enthusiasts who pose as deeply interested in the physical welfare of the people of our commonwealth and who do not see fit to apply the same principle in every other line of human endeavor? It is just as un-American for a bureaucracy to determine the clientele of a physician as it would be to determine the clientele of a butcher, a baker, or a candlestick maker. There is no difference in the application of the principle.

The physical welfare of our people was never so well taken care of as now. Preventive medicine has made tremendous progress and is the outgrowth of work accomplished by the organized medical profession. Nowhere in our country was it the result of the importation of any foreign scheme that has brought ruin to the profession wherever adopted. This whole propaganda appeals to one as artful sophistry, a species of Michiavelianism.—G. E. H. in Penn. Med. Jour.

VENEREAL DISEASE CONTROL IN MASSACHUSETTS.

Massachusetts began the report of gonorrhea and syphilis February 1, 1918. In the ten months following this there were altogether 10,000 cases reported—some 7,000 odd of gonorrhea, 3,000 of syphilis. These cases reported by number only, the name of the patient becoming known should he lapse treatment and in the judgment of the physician become a menace to the public, whereupon the State Department is prepared to take up the supervision of the infected individual.

State approved and subsidized clinics are being established in twelve cities selected with a view to their accessibility.

Arsphenamine, manufactured in the State laboratories, is available for all these clinics, in amounts, for the present, limited to the treatment of infectious cases of syphilis. It is obvious that the reporting is honored in the breach rather than in the observance. Nor does there seem to be a progressive increase in the number of cases reported month to month, since in March 1,358 was the total number, whilst in November 1,136 were recorded. There can be little question as to the advisability of some form of reporting. Evidence is yet wanting to show that a form acceptable to the profession and serviceable to the public has been devised. —Therapeutic Gazette.

The Editor thanks Dr. Britton D. Evans for his two reports sent since he was elected reporter of the Morris County Society. They are full and complete, even more than equal to those of his predecessor, Dr. E. Moore Fisher. Our former judgment is confirmed—that our ablest and busiest doctors are, as a rule, the most faithful in attending county society meetings and in reporting them when selected to do so.

CORRESPONDENCE.

Fidelity in State Society Service.

Dear Mr. Editor:

One thing impressed the writer deeply at the recent meeting of the State Society—the devotion of the older members in maintaining the standing and honor of this great and grand old Society, and we believe it has been more so

than in any of the many other societies with which we are connected. With some, when the term of office expired, attendance and interest seemed to be lost. Several of the younger men present this year warmly commended the older men who are still carrying the Society's burdens and keeping up its splendid record. We heard of only one who complained that the young men of the profession were ignored. Was he seeking its honors? What was his record in his county society and was he one of the patriotic doctors who joined the M. C. during the late war. If so, he has honors enough. We know not, but we commend for his consideration, the old adage, "Old men for counsel and young men for action." Some of us are scanning the reports of county societies' meetings in your Journal, to see who are worthy of preferment for positions and honors in the State Society. Though unable the past few years to do very much for the State Society, the writer is in it for life to do his best and it is worthy of his very best.

"One Past Fifty."

Miscellaneous Items.

Army Hospital No. 11, Cape May.

The Cape May Hotel which has been used by the government as a hospital during the past year will be continued as such for the two months beyond its lease, which expired June 30.

Fee for Reporting Communicable Diseases.—Reporting communicable diseases in the township of Islip, L. I., has been stimulated and made more efficient by observing the law authorizing the payment of twenty-five cents to physicians for each case reported. Islip has a population of 20,000 and the amount paid to twelve physicians for the year 1918 was $640, or an average of $53 to each physician.

Judge's Charge on Christian Science Death.

Judge Martin, Newark, on May 13th charged the grand jury to return an indictment for manslaughter against Mr. and Mrs. Andrew Walker of that city if it should find them to have been criminally negligent in allowing their eight-year-old daughter Dorothy to die from diphtheria without medical treatmnet. The girl was ill for several weeks, during which she received only Christian Science treatment. Judge Martin stated that religious convictions, when they conflict with the plain obligation of the law, do not constitute a legal defense. He said the law requires a parent to provide any child in his or her care with proper and adequate medical protection in case of illness.

Doctors' Licenses Revoked.—The licenses of seven physicians who violated the drug act have been revoked according to an announcement made, June 27, by the Pennsylvania State Bureau of Medical Education and Licensure. The board has also suspended five other medical men.

We received word as the Journal goes to press of the death of Dr. William Hugh Carroll of Passaic, on June 20th, aged 58 years. Further notice will be given in next month's Journal.

Special War Items.

Honorably Discharged from the Medical Corps, U. S. Army.

Members of the Medical Society of New Jersey.

Albee, George C., South Orange.
Alsop, Thomas, Atlantic City.
Broderick, John J., Jersey City.
Disbrow, Harold B., Lakewood.
Finke, George W., Hackensack.
Forman, Howard S., Jersey City.
Griesemer, Ladoc L., Roselle.
Hageman, Runkle F., Somerville.
Hagen, Orville R., Paterson.
Horsford, Frederick C., Newark.
Lewis, Livengston L., Hoboken.
Lew's, Thomas K., Camden.
McFeely, Ralph, Bogota.
O'Crowley, Clarence R., Newark.
Payne, Guy, Cedar Grove.
Rafferty, Peter P., Red Bank.
Reddan, Martin W., Trenton.
Reingold, Alexander, Hoboken.
Sewall, Millard F., Bridgeton.
Shivers, Charles H. DeT. Atlantic City.
Sulouff, S. Henry, Jersey City.
Vreeland, Clarence L., Pompton Lakes.
Wagner, Earl C., Asbury Park.
Wallhauser, Henry A., Newark.
Wise, Lester D., Long Branch.

Medical Officers, U. S. Navy, Relieved from Active Duty.

Douress, Philip C., Trenton.
Enright, James G., Jersey City.

Order to Officers of the Medical Corps.

Lieut. John J. Burne, Newark, to Colonia, New Jersey.

Major Frank W. Pinneo, Newark, to Fort McPherson, Ga.

Capt. William J. Summers, Boonton, to Fox Hill, N. Y.

Capt. J. Boone Wintersteen, Moorestown, to Camp Dix, N. J.

Major Albee Chairman of Rehabilitation Com.

Meeting at the call of Governor Edge, the commission on the rehabilitation of disabled industrial workers organized on May 5th by electing Major Fred H. Albee, chief surgeon of the United States Base Hospital at Colonia, chairman, and Commissioner Lewis T. Bryant of the Department of Labor, secretary.

Governor Edge outlined the work assigned by the legislature to the rehabilitation commission, making a plea for practical work rather than mere investigation. The appropriation of $55,000 for the commission is made on the basis of $5,000 for investigation and $50,000 for work.

Dr. Dodd Soon to Return from France.

Dr. Samuel W. Dodd of Montclair, expects to return from service in France the last of this month, where he has been serving as captain for about a year. He volunteered in the army soon after war was declared and served with the 316th Artillery during the last six weeks of the war on the Argonne front. Captain Dodd was graduated from Princeton and Columbia universities and received his master of science degree at Princeton. He is now

professor of chemistry at the university in Beaume, France, taken over by the American Government to permit college men in the army to continue their studies while awaiting transportation home.

Lieut. Col. Young Wounded.

Lieutenant Colonel James John Lee Young, surgeon of the Sixth Infantry, A. E. F., who has risen from the rank of first lieutenant to his present grade during his two years of service who is expected by his sister to return home by the end of the summer, is reported by her as having been wounded. It was on August 21, the day before the capture by the Sixth Infantry of the city of Frapelle, that Colonel Young was injured while attending the wounded in a first aid station in the trenches. The three succeeding weeks which the colonel spent in an American hospital represented the only time that he was separated from his regiment during two years of service. Before entering the service Colonel Young was a practicing physician at his home in Newark. During the Spanish-American War Colonel Young was attached to the Sixty-ninth New York Infantry. He is a graduate of the College of Physicians and Surgeons and of Johns Hopkins University. He is at present on furlough touring Belgium and the British Isles.

American Red Cross.

During the past nearly twenty-one months the American people have given in cash and supplies to the American Red Cross more than $400,000,000. No value can be placed upon the contributions of service which have been given without stint and oftentimes at great sacrifice by millions of our people. The effort of the American Red Cross in this war has constituted by far the largest voluntary gifts of money, of hand and heart, ever contributed purely for the relief of human suffering. Through the Red Cross the heart and spirit of the whole American people have been mobilized to take care of our own, to relieve the misery incident to the war, and also to reveal to the world the supreme ideals of our national life.—The Kentucky Med. Jour.

Amputates Soldier's Leg With Razor.

With a razor, a spool of cotton thread and a small quantity of ether and chloroform, Miss Marie P. Kouroyen, an American Red Cross nurse, performed a life or death operation as the result of which she has come to be known as "the American angel" by the homeless and starving Greek refugees.

Born of Greek parents, Miss Kouroyen is a graduate nurse of the Massachusetts General Hospital, in Boston. Because of her knowledge of Greek, the American Red Cross sent her to Macedonia, where typhus, smallpox and cholera tread on each other's heels and where the refugees bury their dead beneath the dirt floors of their shell-shattered shacks so that the bread cards of the dead member of their family shall not be taken up.

A Greek soldier, one of whose legs had been crushed, was brought to the box car on a railroad siding in which Miss Kouroyen was living. Something had to be done for him at once. Borrowing a razor from an American Red Cross field worker, who was shaving by candle light in the box car, Miss Kouroyen anaesthetized her patient with her small supply of ether and choloform and performed an amputation, using cotton thread to "tie off" the arteries and veins.

Despite the prophecy of a local doctor that the aged patient would not live through the night, Miss Kouroyen some time later received a visit from her patient. He had an American artificial limb made for him in the American Red Cross artificial leg factory for Greek war mutiles in Athens.

Triumph of Medicine in the War.—How important is the part that medicine plays in national welfare has been strikingly shown in the recent war. Whatever may be the verdict of history on the diplomatic, political, naval, military and economic phases of the war, there will be no hesitation about the brilliant triumphs of curative and preservative medicine. These triumphs have been partly the outcome of the researches and investigations of contemporary workers, not only in the science and art of medicine but also in the allied sciences of chemistry and physics and biology; but the victory was eventually ensured by the thousands of trained workers who knew how to make full use of all the resourses which these sciences had placed at their disposal. Medical men of different nationalities, sometimes of different races, reared under different educational and social systems, were able to co-operate in the common endeavor, because they had all alike inherited the same traditions of rational medicine.—Tweedy, Brit. M. J.

Tuberculosis Barred Thousands from Army.

Sixty-two thousand men afflicted with tuberculosis were barred from admission into the National Army and 20,000 others who reached camps were discharged for the same reason. At army tuberculosis hospitals, the National Tuberculosis Association announced last month 6,000 men still in the service are being treated. Soldiers or sailors honorably discharged since October 6, 1917, and suffering from tuberculosis, will be given free hospital care upon application to the United States Public Health Service or the Bureau of War Risk Insurance, according to the association.

The organization announced that plans for a national campaign of tuberculosis prevention would be made at a conference of federal, state and municipal health authorities at Atlantic City next month.

U. S. Army Healthiest in History of War.

In a modest quarter of Tours in a house built in the 16th century are the sick and wounded records of the American Army—4,300,000 cards that show the health, the wounds, the diseases, the deaths and the recoveries in the American Army. Ninety-four and three-tenths per cent. of the Yank Army was effective for duty at all times, and of the 5.7 per cent. on the noneffective list, only 3.4 per cent. were so rendered by disease. Of the 195,000 Americans wounded, the Medical Corps saved the lives of 182,000.

To date there have been 72,723 deaths in the A. E. F., of which 32,392 were out on the "high field rendezvous," 13,420 of wounds and

battle causes, 22,205 of diseases, and 4,806 of accidents and other causes. The venereal rate has been decidedly the lowest of any of the allied or enemy armies, varying from 57 to 34 a year for each thousand of its men, and averaging less than 40 as a whole. Typhoid, which used to be the great scourge of armies, played a very insignificant part in the battle between disease and the American army. There have been only about 1,000 cases altogether and less than half a hundred deaths. Pneumonia replaced it as the most dreaded of diseases. At the time of the armistice, there had been about 8,000 deaths from this disease and influenza in the A. E. F. Epidemic dysentery, although causing only a very few deaths, at one time pervaded our fighting forces to a serious extent.

How Long Wounded Remain in Hospitals.

Wounded soldiers from overseas remain in army general hospitals an average of thirty-two days and in base hospitals an average of fifteen days before discharge, a statistical report issued recently by Surgeon General Ireland indicated. Of the general hospitals, West Baden, Ind., has the highest averages for discharges, patients staying there only sixteen days as a rule. The institution at East View, N. Y., has the extreme record with fifty-seven days.

General Ireland said he hoped soon to close all hospitals except the few which could be operated by the personnel of the regular army medical corps, with the assistance of members of the temporary forces who desire to continue their work.

Hospital Service of the A. E. F. in France.

Capt. W. Leslie Cornwell, M. D., Bridgeton, addressed a large audience in the West Presbyterian Church, Bridgeton, on June 22. He was attached to the American Expeditionary Forces in France and one of his principal tours of duty was with Evacuation Hospital No. 7 at St. Suilly, which bore the brunt of the surgical work during the battle of the Argonne Forest.

He gave a general discussion of the organization of hospitals over there and especially of that particular unit, following the taking over of a French Hospital and the installation of equipment to accommodate 2,000 patients at one time, in barracks and tents. During the thick of the fighting, eighteen operating tables were going twenty-four hours a day with only an hour or two taken out for the absolutely necessary work of cleaning up. Dr. Cornwell said about 70 per cent. of the casualties were arm and leg cases. His description of the attitude of the wounded men as they were brought in was very interesting, as many of them were undoubtedly seeing an operating room for the first time. He paid a warm tribute to the American soldier—"I have never heard an American soldier utter an outcry in the operating room, unless he was under ether and did not know what he was saying; which was in sharp contrast to that of the wounded German soldiers, who frequently cried like children while under treatment." The doctor said that during the Argonne drive, 18,000 wounded men were handled by this hospital, and another 18,000 by Hospital No. 6, with whom No. 7 was associated. At Chateau Thierry, 2,600 were treated and the No. 7 unit handled a total of 50,000 during the war. In October alone there were 4,588 surgical cases. It was at Chateau Thierry that the hospital was deliberately bombed twice, despite the unmistakable knowledge the Boche had that they were bombing a hospital. Several nurses and wounded men were killed.

Many interesting incidents were cited by Dr. Cornwell of his army experience. One particularly memorable night during Dr. Cornwell's tour of duty at the front was described by him. It was a time when he had an opportunity to see a barrage laid down at 2.30 A. M., and continue until daylight. It was in the Argonne, and a small group watched it from a vantage point on a nearby hill. "Like a huge forest fire accompanied by the continuous roll of a thousand kettledrums," was the war picture he painted. The constant exploding of shrapnel and other shells from thousands of cannon; the star shells and the whole barrage fire, was something the speaker considered the greatest sight he could ever have imagined. Another interesting and highly significant reference was that made to the bravery of the men in the "stump" ward (amputation ward) when a fire endangered many lives. These cripples helped each other, and some, even though a leg had been but recently amputated, jumped to window sills and assisted other cripples out of the burning building or hobbled or crawled with their comrades to safety.

Therapeutic Notes.

Dandruff.

Beta-naphthol, gr. xx
Oil of bergamot, m. x
Vaseline, ℥i

M. et ft. unguentum. Sig.: Rub into the scalp at night, and in the morning shampoo with mixture of green soap.

Or Resorcinol, ʒi
Castor oil, ʒi
Ether, ʒss
Cologne water, ℥ss
Alcohol (90 p. c.) q.s. ad ℥iij

M. Sig.: Rub into the scalp every morning for a week.

Flatulence in Children.

Tincture of belladonna, m.v
Aromatic spirit of ammonia, m.xv
Bicarbonate of soda, ʒi.
Peppermint water, q.s. ad ℥i.

M. Sig.: Teaspoonful every six hours to a child of 2 years.

Dressing for Non-syphilitic Ulcers.

Balsam of Peru.
Bismuth subnitrate, aa ʒv.
Ichthyol
Glycerin, aa ʒxiiss
Water, q.s. ad. ℥viii

M. et ft. pasta.

The raw surface of the ulcer is first cleansed with alcohol and the edges cleared. Strips of gauze impregnated with this paste, heated, are applied over the wound. This dressing can be left in place for ten days or a fortnight. One or two dressings, according to the size of the ulcer, are required, and seldom more. To

promote the formation of a good epidermal covering, the patient is allowed to get up and walk about at times, so as to obtain a mechanical action of the dressing, in the nature of a massage, upon the wound.—Morlet in Journal de Medecine de Bordeaux.

Hemorrhoids.

Tannin, ʒii.
Powdered camphor, gr. x
Powdered opium, gr. v
Potassium iodide, gr. iij
Vaseline, ℥i
M. et ft. unguentum molle.—DeWolf.

Psoriasis.

Hutchinson's favorite local treatment is Acidi Chrysophanici, Hydrarg, Ammon, of each grs. x., Liq. Carbonis Detergens, mx. Adeps Benzoat. ℥i. Remove all scales, as far as possible, by washing or a warm bath, and then rub the ointment into each patch for half an hour at bedtime. The ointment may be left on all night, but if this is disagreeable it may be wiped (not washed) off.

Scabies.

Ichthyol, 10 grams.
Sulphur, sublimat., 12 grams.
Potass. carbonat., 6 grams.
Camphor, trit., 2 grams.
Adipis, 60 grams.
M., ft. unguentum.
Rub in part affected after bathing with warm water.

Tapeworm.

Pelletierine tannate, gr. vii
Simple syrup, ℥ss
M. Sig.: On rising take a teaspoonful of fluid extract of senna; an hour later a dessertspoonful of the syrup of pelletierine and the balance in another half-hour; half an hour later one ounce of castor oil. The patient should remain in bed during the course of medication.

Whooping Coug .

Peroxide of hydrogen (10 vol solution) ℥iss
Glycerin, ℥i
Distilled water, q.s. ad ℥vi.
M. Sig.: Tablespoonful in half a glassful of water from 4 to 6 times a day.—Richardson.

Treatment of Gonorrhea.—Dr. H. E. Gibson, in the London Lancet, says the earlier the treatment the better is the chance of recovery and the less likelihood of complications. The ideal is to combine local curative treatment with general treatment to build up the patient's resistance to the disease. For local treatment one should employ irrigations with non-irritating and at the same time as potent an antiseptic as possible. Irrigation is to be preferred to syringing, as with an irrigation it is possible not only to use a larger volume fo fluid than with a syringe but also to dilate the urethra to a greater extent, and so open out the various folds and crypts in the mucous membrane and drive the intrenched organism from its dugout. Care should be taken to avoid driving back infective material to the posterior urethra, either by complete irrigations or by use of instruments, early in the disease. The best antiseptic on the market in Gibson's opinion is flavine in strengths of 1|6000 to 1|8000. The best way of building up the resistance is with vaccines, given in large and constantly increasing doses. Medicines are useless, except to alleviate certain symptoms, such as dysuria, when they occur.

Influenzal Insomnia.—A Philadelphia pactitioner says: "One of the most distressing complications of influenza is insomnia, observable especially during convalescence. I have had good results from the administration of one capsule of chloretone (5 grains) at bedtime, repeating the dose, if necessary, in two hours. It seems to have a most quieting influence and apparently does not interfere with the gastric function."

Antitoxin in Diphtheria.—Depending n the way it is treated, diphtheria is one of the least dangerous or one of the most dangerous diseases. It is one of the least dangerous when promptly treated with antitoxin; it is one of the most dangerous when the antitoxin treatment is not given or is delayed or is insufficient.—U. S. Public Health Service.

Food Value of Peanuts.—Good Health Journal says: To sum up the use of the peanut and peanut products as food may be highly recommended for the following reasons:

(1) The oil is most valuable as a table oil, equal to other oils in digestibility and food value; (2) the shelled nuts are a splendid food, cheap and nutritious; (3) The salted nuts are equally nutritious; (4) peanut butter is highly useful in many ways, besides being rich in fat and protein. It is a butter substitute and likewise a substitute for meat; (5) the whole shelled nuts as well as part of nuts are well adapted for use in candies, cakes, cookies, wafers, etc.; (6) the flour from the peanut itself or from the oil cake is a good part-substitute for wheat flour for bread making.

Coffee in Strangulated Hernia.—At rare intervals cases have been cited in which the use of caffeine or simply coffee has apparently been of value in the reduction of strangulated hernia. Naturally it is associated with localities remote from hospitals. This treatment is by no means new, and as far back as 1857 a case was reported in El Siglo Medico. A man of thirty-eight, who wore a double truss for hernia, suffered from strangulation on one side after a powerful muscular effort. Taxis was of no avail, and the patient was suffering much pain. An octogenarian practitioner who was present mentioned an odd but sovereign remedy in use in Havana, which he had seen to be efficacious on many occasions. Invited to test it, he ordered hot black coffee with but little sugar, one cup every quarter hour. After the fifth cup there was a rush of air heard, and after the ninth the hernia was spontaneously reduced. The publication of this case led to a second report in the Bulletin de therapeutique in which two favorable results of the same class are given, both patients being old women. The strangulation had followed removal of the truss. After two and four cups respectively the hernia reduced itself spontaneously.—Medical Record.

Hospitals; Training School, etc.

Bridgeton Hospital.

May report: Number of patients admitted, 53; dicharged, 50; operated upon, 37; died, 3; births, 2; remaining in hospital, 32.

New Hospital Building in Bergen County.

The Bergen County Freeholders on June 18th authorized preparation of plans and specifications for construction on county property in Midland Township of a dwelling for the medical director of the Isolation Hospital, an additional unit to the Isolation Hospital, and two units of fifty beds each for tuberculosis patients.

Memorial Hospital Site Offered Phillipsburg.

James W. Ingham, representing the John Ingham estate, has offered free of all charge to the Warren County Hospital Association a tract of land as a site for the proposed memorial hospital to be erected in honor of those from Warren County who died in the war.

Monmouth Memorial Hospital.

A new wing has been built that increases the capacity of this hospital from 100 to 200 beds. A drive for funds to meet a deficit and provide for the increased activities will be begun July 21; it is planned to raise $100,000. During 1918, 6274 treatments were recorded, including those of 850 charity patients.

Morristown Memorial Hospital.

A resident of Morristown has offered to build a nurses' home on the hospital grounds. It has also been announced that a director of the hospital offers to bear the entire expense of enlarging and remodeling the operating room along lines approved by the staff. The president of the hospital reports that 4,948 patients were treated in all departments during the year 1918. There were 143 mothers cared for in the maternity ward; 130 babies were born—twice the number born in 1917. The cost per patient per day was: private, $4.28; ward, $2.97; out patient, $2.14.

Overlook Hospital, Summit.

The fourth annual report of this hospital for the year 1918 has been issued and shows a year of growth and progress. During the year 1,066 patients were admitted, an increase of 68 over the year 1917. Of these 217 were indigent patients. There were 103 births. In addition 91 were cared for during the influenza epidemic at the Emergency Hospital—in the abandoned convalescent home. Eight nurses received diplomas from the training school. This work of the hospital was done notwithstanding the absence of the two leading surgeons—Drs. Lawrence and Bowles—who were in army service, as were also Drs. Baker, Keeney, Reiter and O'Reilly of the medical staff.

A Physician Builds a Hospital.

Dr. Gedney Jenks, of Hastings-on-the-Hudson, N. Y., five years ago attempted to raise funds in Hastings for a hospital and failed. Then he tried to get the town to build one and was again unsuccessful. Then he went to work and did it himself. A twostory building, with wards on the upper floor, and reception and operating rooms on the lower, is the work of Dr. Jenk's own hands. Three years ago he started to erect the hospital after political authorities in Hastings had listened indifferently to his plan for a city hospital. Except for aid now and then from a laborer, when beams and joists were too heavy for one man to handle, no one but the physician has put any work in the building that was completed May 28, 1919.

The hospital will have all modern appliances, including an ambulance, which Dr. Jenks insists he is going to drive himself.

Bayonne Hospital Training School.

The graduation exercises of the Bayonne Hospital Training School for Nurses were held June 6 at the Elks' Club. An address was made by William E. Pulsifer of New York. The Hippocratic oath was administered by the superintendent, Mrs. Rena M. Virtue, and the diplomas were presented by Dr. W. A. Pinkerton.

Beth Israel Hospital Training School, Newark.

Six nurses were graduated at the commencement exercises of this Nurses' Training School, held at the Temple B'nai Jeshurun, Newark, on the evening of June 5th. The commencement speakers were Lieutenant Colonel David A. Kraker, late of the army medical corps, who commanded a field hospital in France, and Rabbi Solomon Foster. The diplomas were presented by Dr. Nathaniel G. Price of the training school committee.

Home for Crippled Children Training School.

Seven nurses were graduated from this training school in Newark on the evening of June 5. Dr. Richard C. Newton, Montclair, and Rev. Dr. J. C. Howard, Newark, delivered addresses and Dr. Sidney A. Twinch, surgeon at the hospital presented the diplomas.

Morristown Memorial Hospital Training School

The commencement exercises of this Nurses' Training School were held in the parish house of St. Peter's Church, Morristown, on the evening of June 5th, when nine nurses received diplomas from the president of the hospital, and class-pins from the director of nurses.

Overlook Hospital Training School, Summit.

Four nurses were graduated from this training school at the commencement exercises in the Lincoln School auditorium on the evening of June 9th.

St. Mary's Hospital Training School, Orange.

Twelve nurses graduated from this training school on the evening of June 4 at Columbus Hall, Orange. The diplomas were presented by Dr. Winifred D. Banks of East Orange and Dr. Morgan D. Hughes, chief of the hospital staff. Addresses were delivered by Drs. Banks and Leonard H. Smith.

State Hospital Morris Plains Training School.

Seven nurses were graduated from this Nurses' Training School, June 12. Dr. Britton D. Evans was master of ceremonies and awarded the diplomas.

Essex County Hospital Training School.

One young man and thirteen young women were graduated from this school at Overbrook on June 12th. Medical Director Guy Paive presented the class to County Supervisor Bowden, who gave the diplomas.

Bonnie Burn Sanatorium.

Dr. John E. Runnells, superintendent, reports that on May 1st there were 213 patients present in the sanatorium, 117 males and 96 females. This number includes 25 males and 49 females in the preventorium. During the month 32 patients were admitted, 12 males and 12 females. Seven of these admissions went to the preventorium. Among these twenty-four admissions were six readmissions.

The admissions are classified as follows: Pretubercular (preventorium), 6; incipient, 4; moderately advanced, 5; far advanced, 17. The largest number of patients present at any time during the month has been 216, smallest number 207. Patients present May 31st, 215. Daily average attendance, 211.8.

June Report.

Superintendent Runnells reports that on June 1st there were 215 patients present in the sanatorium, 119 males and 96 females. This number includes 28 males and 42 females in the preventorium. During the month 33 patients have been admitted, 20 males and 13 females. Six of these admissions went to the preventorium. Among these 33 admissions there were 3 readmissions. The admissions are classified as follows: Pretubercular, 5; moderately advanced, 3; far advanced, 23; bone tuberculosis, 1; glandular tuberculosis, 1. The largest number of patients present at any time during the month has been 225; smallest number, 215. Patients present June 30th, 220.

Hospitals in the United States.

In the after-the-war taking of stock in the United States the surprising fact is brought out that there are now in this country and its possessions nearly 9,000 institutions for the care of the sick and dependent with a total capacity of approximately 869,000 beds. According to recent official reports, the daily average population of these institutions, including resident physicians, patients, nurses, and employees, is more than 1,250,000 persons and in the course of a year approximately 8,000,000 men, women and children are treated. The money investment is nearly two billion dollars, and three-quarters of a billion dollars are expended annually for supplies, equipment, upkeep, and new construction.

Less than fifty years ago, in 1873, there were in the United States only 149 hospital with 35,453 beds, and of this number 55 with 16,553 beds were devoted to insane patients, 43 with 12,322 beds were for municipal charges, and only 51 with 5,453 beds were for the care of persons who were not public charges. Of the last class 40 were church hospitals with 4,923 beds, 15 were private hospitals, and only one with 125 beds was conducted by a corporation. Fifty-seven hospitals with 19,044 beds had been founded before 1853. In addition there are registered 202 industrial hospitals with 6,287 beds. The development of maternity hospitals is also significant. Aside from the maternity wards now maintained in most hospitals, there are 215 maternity hospitals with 8,995 beds in this country. Basing estimates on the 1917 census, there is one hospital to every 168 of population.

The Standardization of Rural Hospital.

Dr. Isaac S. Stone of Washington, D. C., is in favor of bringing the standard of all hospitals, whether large or small, up to that point which would afford the best service to the public and which would require the best medical and surgical training of the staff. Sufficient information had been collected to show the number of poorly equipped hospitals in perhaps all parts of the country in towns and rural districts. Many of these were but little better than boarding houses, without the essential equipment of house staff or laboratory, or indeed anything which justified the name of hospital. It was suggested that all hospitals should be inspected by the health officer whether they were public or private institutions, and in case they were found up to the standard of requirement they should be duly licensed and required to send in a full report of the treatment of all cases during the year. The writer also favored state aid to rural hospitals when necessary to provide hospital relief in country or remote outlying districts. Especial attention was given to consideration of rural hospitals as social service centers and for the care of obstetrical patients whose homes were remotely situated or who were unable to obtain competent professional attendance.

Hospitals of the Future.

Mr. William Gray, chairman of the governors of the Victoria Infirmary, Glasgow, in addressing a recent meeting said that if the plans of the Government for the establishment of a Ministry of Health materialized, it was evident that one of the first requirements would be a great increase of accommodation in the hospitals. It was quite impossible to give adequate treatment in the homes of the people for many of the cases which had hitherto been so treated. Speaking of the epidemic of influenza which had prevailed in Glasgow during the last three months, he said that many lives might have been saved had adequate hospital treatment been avilable. Greatly increased accommodation in hospitals was desirable and necessary; he believed that it was not unreasonable to think that the form this would take in the future would be by a very large increase in the number of hospitals of simple construction, capable of economical management. If such hospitals were built they might be used for the treatment of simple cases. The present large hospitals could be used for serious cases and those requiring apparatus of an elaborate nature, and in them research work, the study of therapeutics, the teaching of medical students, and the training of nurses could be carried on. Such large hospitals as he had described would, he imagined, either be State-aided or wholly financed in some such way as were the fever hospitals at present by the rates; but he thought it would be a misfortune for the general hospitals as they now existed if the cost were placed on the State. Nor did he think it necessary that the State should interfere with their management, or with the cost of their upkeep in any way.—(Brit. Med. Jour.)

Marriages.

HAGERTY-DELANEY.—In Newark, N. J., June 11, 1919, Dr. John F. Hagerty to Miss Regina C. Delaney, both of Newark.

MILLER-CAVANAUGH.—At Netcong, N. J., June 25, 1919, Dr. John Miller to Miss Alice M. Cavanaugh, both of Netcong.

Deaths.

DONOHUE.—At his summer home, Cedarrest, near Bound Brook, June 28, 1919, Dr. Frank M. Donohue of New Brunswick, aged 60 years.

Dr. Donohue was born in New Brunswick on August 17, 1859, and was the son of James and Jane Reynolds Donohue. He was graduated from St. Xavier's College, New York City, in 1875 and from the New York University Medical College in 1881, and was immediately thereafter assocciated with his preceptor, the eminent surgeon, Dr. Clifford Morrogh, in the practice of medicine in New Brunswick; he became the successor of Dr. Morrogh after the latter's death, continuing in the same office and residence in Albany street.

He was a member of the staff of the John Wells Memorial Hospital,—afterwards called the Middlesex General Hospital, was for several years president of the staff. He was a member and president of the staff of St. Peter's General Hospital, New Brunswick, from its organization in 18— to the time of his death and was ever recognized by the members of the staff as its ablest operating surgeon. He was also consulting surgeon of the Somerset Hospital at Somerville, N. J.; and surgeon to the Pennsylvania Railroad for the county. He was a director and vice-president of the People's National Bank, a director of the New Brunswick Trust Company, and a Manager and member of the Funding Committee of the New Brunswick Savings Institution; for several years he was a manager of the State Home for Boys at Jamesburg, N. J. He was a Sinking Fund Commissioner for the city of New Brunswick for several years by appointment of the Supreme Court Justice for this section of the State. When the law was changed and a Sinking Fund Board of three members was created he was appointed by the Mayor of the city as a member of it and served as its president until his death.

He was a member of the Middlesex County Medical Society, of which he was twice president, and the Medical Society of New Jersey, and was chairman of its Business Committee; he was a Fellow of the American Medical Association; also a member of the Rutgers Medical Society of New Brunswick and of the New Jersey Sanitary Association. He took an active part in all of these organizations. He served also most actively and efficiently on the Advisory Draft Board during the last two years of the war. A few years ago he bought a most beautifully situated summer home—Cedar Crest—on the mountains back of Bound Brook, to which annually he invited the members of the Middlesex County Medical Society and a few additional guests from the surrounding counties. His guests gathered in large numbers at this annual social feast and they were royally entertained.

Dr. Donohue was a faithful member of St. Peter's Church, New Brunswick, and a broad-minded Christian gentleman. He is survived by his wife, Mrs. Elizabeth B. Donohue, two daughters and a son, who bears his father's honored name.

(See editorial column, page 246).

PARKER.—In Trenton, N. J., June 25, 1919, Dr. George H. Parker of that city, aged 56 years.

DR. GEORGE H. PARKER.

Dr. Parker was born in Changewater, Pa., in 1863; he graduated from the Pennsylvania University School of Medicine in 1896, and soon after began practice in Trenton, where he became prominent as a surgeon. He was a member of the Mercer County Medical Society and the Medical Society of New Jersey; also a Fellow of the American Medical Association. He was local surgeon for the Philadelphia and Reading Railroad Co. and was past master of Trenton Lodge, No. 5, F. and A. M.

TAYLOR.—At Somerville, N. J., June 11, 1919, Dr. Sewell O. B. Taylor, aged 69 years.

The following is the action of the Somerset County Medical Society:

Sewell O. B. Taylor.

On June 11, 1919, Dr. Sewell O. B. Taylor passed away from the effects of a malignant growth. He had been ill since October 1918, but was able to look after his practice until a few days before his death.

Dr. Taylor was the son of John and Emily (James) Taylor, and was born at Snow Hill, Maryland, October 17, 1850. His parents soon moved to Virginia and his early education was received at Westriver Classical Academy and Randolph Makin College. His medical education was received at the University of Pennsylvania, from which institution he graduated

in 1872. He practiced for a time at Mappsville, Va., then came to Mount Rose, Mercer County, New Jersey, and in 1881 located at Millstone, N. J., where for thirty-eight years he practiced his profession.

Dr. Taylor was a faithful member of the Somerset County Medical Society and was one of its permanent delegates to the Medical Society of New Jersey. He was for a number of years County Physician of Somerset County.

In 1873 he was married to Harriet E. Winterson, who survives him, and one daughter Margaret, wife of Rev. Ferdinand S. Wilson of Bayonne, N. J.

Dr. Taylor's kindly, courteous and hospitable manner made him an agreeable companion and he will be greatly missed by all who knew him.

At a meeting of the Somerset County Medical Society held June 12, 1919, the following minute was adopted:

Since the hand of death has again visited our Society and removed Dr. Sewell O. B. Taylor of Millstone, this Society wishes to place on record our appreciation of the worth of Dr. Taylor, the oldest member of our Society and one who has filled the various offices of the Society from time to time, including that of president. At the time of his death he was one of the Permanent Delegates to the Medical Society of New Jersey. Dr. Taylor was a physician of the old school, kind and courteous, and never lost sight of the best interest of his patient. The members of the Somerset County Medical Society hereby express their appreciation of Dr. Taylor and the loss that not only they but the community has sustained.

Further Be It Resolved, That this resolution be spead upon the minutes of this Society, that a copy be sent to the family, and that a copy be published in the Journal of the Medical Society of New Jersey, and in the local papers.

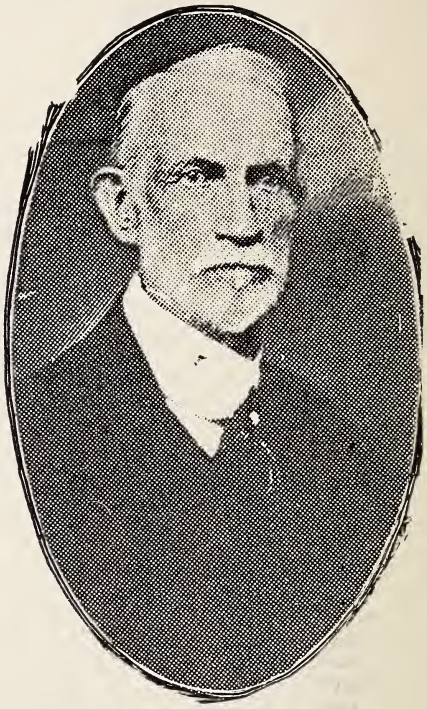
Signed, A. L. Stillwell, C. R. P. Fisher, J. H. Cooper.

TOMLINSON.—In Plainfield, N. J., June 22, 1919, Dr. Thomas Henry Tomlinson, in the 83rd year of his age.

Dr. Tomlinson was born in Roadstown, Cumberland County, N. J., Sept. 26, 1836. He was the son of Dr. George Tomlinson, an eminent physician of South Jersey, who practiced 64 years and died at the age of 84 years.

He attended the Union Academy at Shiloh, N. J., and Bucknell University, Lewisburg, Pa; the Albany, N. Y. Medical College and from the University of Pennsylvania, April 16, 1859, in a class numbering one hundred of whom Dr. A. A. Woodhull of Princeton is now the only survivor. He began practice at Shiloh but on November 1, 1870, he removed to Plainfield, where he has since practiced and was the dean of the profession there. He was a member of the Union County Medical Society, the Medical Society of New Jersey and of the American Medical Association. He was also a member of the Clinical Society, of the Plainfield Medical Association and of the Muhlenberg Hospital staff. The Plainfield Clinical Society gave him a dinner in honor of the anniversary of his sixty years in the practice of medicine on the evening of April 16, 1919, at the Elks' Club in Plainfield, an account of which is given in the May Journal, pages 165-167. Dr and Mrs. Tomlinson observed their golden wedding on December 31, 1918.

The doctor was a member and a deacon of the Seventh Day Baptist Church of Plainfield. He continued in active practice until a few days before his death. He was a man universally esteemed by all who knew him.



Courtesy of the Plainfield Courier-News.

Resolutions on Dr. Tomlinson's Death.

The physicians of Plainfield have met with a grievous loss in the death of Dr. T. H. Tomlinson. He was the dean of the medical faculty of this city, and during his more than fifty years of active professional work here he always won and kept the respect and love not only of his professional brethren but of a host of friends in the community.

He was ever kind and courteous, sympathetic and helpful, faithful in his work and devoted to every good cause in the city and state.

He led a consistent Christian life. He lived the Golden Rule; and the memory of what he was and of what he did will remain with us always as a help and inspiration.

The members of the hospital staff of the Clinical Society and of the Plainfield Medical Association express their sympathy with his family, and direct that a copy of these resolutions be sent to them and to the New Jersey State Medical Journal, and be published in the Plainfield Courier-News.

E. W. Hedges, A. F. Van Horn, Frederic J. Hughes, Committee on Resolutions.

WESCOTT.—At Fanwood, N. J., June 17, 1919, Mrs. Esther E. Westcott, wife of Dr. Frank W. Westcott, after an illness of eight months.

Personal Notes.

Dr. Fred H. Albee, Colonia, has been promoted from major in M. C., U. S. A., to lieutenant colonel.

Dr. J. Ackerman Coles, Scotch Plains, presented to the Washington Association of New Jersey recently a full length painting of General Washington.

Dr. Peter P. Rafferty, Red Bank, who was wth the 165th Ambulance Company in France, major M. C., U. S. A., has been elected hospital physician at the Monmouth Memorial Hospital, Long Branch.

Dr. William E. Darnall, Atlantic City, has a paper in the A. M. A. Jour., June 7, on the "Advantages of the Vaginal Route in Resection of the Rectum for Cancer."

Dr. Albert S. Harden, Newark, gave a motion picture demonstration of the operative procedure in perineal lacerations at the meeting of the N. Y. State Medical Society May 7th.

Dr. Edgar Holden Jr., Newark, and family expect to spend the month of August at Cape Cod, Mass.

Drs. Edward J. and Edgar A. Ill, Newark, are occupying their summer homes at Island Heights, N. J.

Dr. Wells P. Eagleton, Newark, and wife have taken a cottage for the season at Atlantic Highlands.

Dr. Edward F. Fitzpatrick, Newark, has recovered from an operation in the Presbyterian Hospital for appendicitis.

Dr. Henry A. Henriques, Morristown, has gone to Canada on a fishing trip and later will join his family at Winter Harbor, Me., where he has taken a cottage for the summer.

Dr. Frederick I. Krauss, Chatham, was elected recently president of the Morris County Tuberculosis Association.

Dr. George H. Lathrope, Morristown, Lieut.-Col. in the Medical Corps, U. S. Army, has returned from France and resumed practice.

Dr. William J. Wolfe, Chatham, and daughter recently spent a week at Atlantic City.

Dr. Frank M. Donohue, New Brunswick, entertained the members of the Middlesex County Medical Society and other guests at his beautiful summer home, Cedarcrest, near Bound Brook, on June 12th.

Dr. F. Irwin Krauss, Chatham, last month enjoyed a vacation trip to Big Indian, N. Y.

Dr. Millard F. Sewall, Bridgeton, addressed the Men's Club of the Baptist Church, Bridgeton, on June 8, on "Some Duties of a Medical Officer in the U. S. Army."

Dr. Henry P. Dengler, Springfield, has returned from Newport News, Va., where he was stationed at the base hospital for a year as lieutenant in the Medical Corps.

Dr. Elbert A. Curtis, Newark, who was stationed at Camp Devens base hospital, where he held the rank of captain, has been honorably discharged from the medical corps of the army and is now at his home.

Dr. Thomas H. Flynn, Somerville, and wife had a visit last month from their son, Lieut. Cornelius Flynn of the navy.

Dr. Charles A. Knox, Ridgefield Park, and wife made a visit last month in Branchville, New Jersey.

Dr. Clifford Mills, Morristown, has returned from army service and has reopened his private sanatorium in Morristown.

Dr. Charles F. Merrill, New Brunswick, has been elected medical inspector of the Highland Park schools.

Dr. Peter B. Cregar, Plainfield, who was graduated from Bucknell University twenty-four years ago, was honored by that institution last month with the master of science degree. He served in the medical corps during the war.

Drs. Frederick W. Flagg and George H. Foster, Rockaway, gave prizes to pupils of the borough public schools last month.

Dr. Frederick C. Jacobson, Newark, and wife are enjoying a two months' camping trip to the Yosemite Valley; the wife is recovering from a long illness.

Dr. Elmer G. Wherry, Newark, had his house visited by a burglar recently in the night, but Mrs. Wherry's loud call to the doctor who was asleep, caused the burglar to make a hasty retreat after obtaining onry eight cents.

Dr. Josiah Meigh, Bernardsville, and wife spent two weeks at Atlantic City last month.

Dr. E. Blair Sutphen, Morristown, spent a few days recently at Atlantic City.

Dr. G. B. Tompkins, Flemington, and wife spent two weeks last month at Atlantic City.

Dr. Irving M. Vanderhoff, Newark, who was recently mustered out of the Medical Corps army service, has purchased the Cannon bungalow, Short Hills.

Dr. Benj. V. D. Hedges, Plainfield, and family are spending their vacation during this month at Nantucket, Mass.

Dr. Alexander Marcy, Riverton, and family are spending the balance of the summer at Cape May, N. J.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Colorado, April	16	14	2
Connecticut, March..	28	18	10
" Homeopathic	1	1	0
Massachusetts, Jan..	5	5.	0
Rhode Island, April.	7	3	4
Wisconsin, January..	21	20	1

In New Mexico, January, 1919, seven candidates were licensed on credentials; one by reciprocity.

Recognize Certificates of National Board.

The following fifteen state boards have definitely taken action to accept the certificate of the national board in lieu of the examination required for licensure in the respective states: Colorado, Delaware, Florida, Georgia, Idaho, Iowa, Kentucky, Maryland, North Carolina, New Hampshire, North Dakota, Ohio, Pennsylvania, Rhode Island and Vermont.

Medical College Commencements.

Columbia University.—At the commencement of Columbia University, June 5, the degree of Doctor of Medicine was conferred on 138 graduates. The biennial Cartwright prize of the School of Medicine, of $500, was awarded to Dr. Abraham Leon Garbat of New York City.

Commencement at Jefferson.—At the ninety-fourth annual commencement exercises at Jefferson Medical College, June 7, a class of

142 was graduated. The degree of doctor of laws was conferred on Major-Gen. Merritte W. Ireland, Surgeon-General, U. S. Army, and Vice-Admiral Grieve. General Ireland, in his address, lauded the company of soldiers who submitted themselves as volunteers for experiments with disease-bearing lice to determine the cause of trench fever.

Public Health Items.

Creed of the Disabled.

Once more to be useful—to see in the eyes of my friends replaced with commendation—to work, produce, provide, and to feel that I have a place in the world—seeking no favors and given none—a man among men in spite of this physical handicap.—Carry On.

Responsibility.—City authorities are justly chanceable with the lives of all who die of preventable diseases within their jurisdiction, and they should be made responsible before the courts of justice.—Dr. Benjamin Rush.

Defective Physique.—The defective physical condition of young men of draft age was largely due to neglect of proper supervision and guidance during their period of youth.—Dr. L. Emmett Holt.

Every Typhoid Convalescent a Possible Carrier.—Consider every case that recovers from typhoid as a possible carrier, either continuous or intermittent, temporary or permanent. —Weekly Bulletin, A. E. F.

Newark Department of Health.

The May Bulletin reported 468 deaths during April—a death rate of 13.0 per 1,000 population as against 17.8 the previous month and 19.3 same month of 1918. The following are the leading causes of death: 61 pneumonia, 59 tuberculosis, 47 organic heart disease, 44 Bright's disease, 37 cancer. There were reported 66 cases of gonorrhoea; 48 each of chancroid and syphilis. 3,205 babies were supervised with 5 deaths. 42 mothers were delivered with no deaths of mothers or babies.

Heavy Influenza Toll in England.—It is recorded in the registrar general's returns that the total number of deaths from influenza in England and Wales during the last quarter of 1918 was 98,998.

Some Facts About the Flu Which You Probably Do Not Realize.

In America its mortality record is as six to one compared with war's.

Although called "Spanish Influenza," it is supposed to have originated in America.

In certain districts of western Pennsylvania, during the height of the epidemic, 1 per cent. of the population died of it.

The flu's chief attack was on those between the ages of fifteen and forty-five and in the most vigorous health.

Philadelphia, the city that suffered most, had a death rate for a certain period ten times its normal.—Samuel Hopkins Adams, in Collier's.

Drug Addiction.

Always doubtful of arguments based on "big figures" and "vast majorities," we have not been unduly alarmed by the predictions that when prohibition sets in with real severity the country will turn to drugs. "There are now a million addicts, and the number will increase tenfold" has not seemed a particularly scientific statement. At the same time it is encouraging to have direct testimony bearing out our doubts. It is assumed that a larger proportion of drug addicts is found among the criminal classes than elsewhere. Dr. McNamara says that in the Cook County jail of 57,054 prisoners between 1913 and 1919 only 755 were habitual drug users. He disposes of the belief that crime is due to drug addiction as a "myth," and adds: "Surgeon General Gorgas in his annual report states the fact that 894,000 soldiers were examined by the army surgeons and only 403 were refused as drug users. This tells whether or not the American people are habitual users of narcotic or habit-forming drugs."—Collier's Weekly.

State Responsibility for Public Health.—The state, like the federal government, has at least three responsibilities in the field of public health—the prevention of the introduction of disease from without, the control of the intercounty, or intermunicipal spread of disease, and the health of all the people within the state from the general welfare point of view. These responsibilities can be met only by some degree of state control over local health conditions. This control should be more than advisory and should be applicable at all times and places and when and where there is a menace to other localities.—B. S. Warren, M. D., Public Health Reports.

Death and Fatigue.—Death viewed microscopically or in gross, is a phenomenon very closely related to fatigue. Certainly, fatigue is an important and necessary stage in the progress of a cell toward death. Conversely, to assure the recovery of our patient, if we can avoid cellular fatigue we will evade death. —C. M. Ramage, in West Virginia Med. Jour.

Feeble-Mindedness and Criminality.—While feeble-mindedness is often found complicated with a criminal life, feeble-mindedness of itself has no necessary connections with criminality. The defective child is driven into criminality by unwise treatment at the hands of people who do not understand him.—Jour. Socialistic Medicine.

The Decline of Typhoid Fever.—It is of great interest to note the remarkable decline in the total average typhoid rate that has occurred in the large cities of this country since 1910. Whatever be the statistical objections in regard to accepting the figures on their face value, it can hardly be questioned that a very great improvement has taken place in the typhoid situation in this country since the publication of these annual summaries was first begun. The 1917 typhoid death rate in a population of approximately 25,000,000 will bear comparison with the rate in a similar population anywhere in the world. The health officials of American cities deserve great credit for this

improvement which has, to a large extent, freed sanitary science in this country from the reproach of excessively high city typhoid.—Journal of the American Medical Association.

Infant Mortality and Welfare.—The infant mortality rate is considered the most sensitive index we possess to social welfare. It reflects at once conditions which improve or interfere with the normal health of life of the community life. As conditions which make for normal family and community life are improved, the infant death rate decreases. When these conditions are disturbed, the rate, therefore, may be taken as the barometer of the social welfare of the community.—Handbook of Child Hygiene, Kansas State Board of Health.

America Leads as Consumer of Drugs.

Report of the special narcotic committee, appointed by Secretary of the Treasury McAdoo to investigate the drug traffic in the United States, has been compiled. It shows that the United States is the largest consumer of drugs in the world, with more than 1,000,000 addicts and more than $61,000,000 spent annually by drug users to satisfy the habit. This country is said to consume from ten to sixty times as much opium as is consumed by other countries. It is further estimated that over 237,000 persons are now receiving treatment in an effort to be cured of the drug habit. Although the greater portion of our citizens do not take a single dose of opium year after year, the annual consumption of opium in this country is estimated at thirty-three grains annually for every man, woman and child.

Adequate Medical Service.—In these days of progress in preventive medicine there is some tendency to separate too sharply preventive from curative medicine. It should not be forgotten that an adequate medical service to the whole people will do more to prevent disease and disability than any other single measure to be considered. At present the people in the United States are paying out money sufficient for the maintenance of an adequate medical service, but fail to receive it. This money, however, is spent in such a haphazard manner that the service is not only often inadequate or worthless, but at times actually harmful. For one item—drugs—the United States spends $500,000,000 a year. This sum alone, if properly expended, would buy all the necessary drugs and add $2,000 a year to the income of each of the 125,000 physicians in active practice in the United States—B. S. Warren, M. D., Public Health Reporter.

Keep Well.

A natural death is rare, very rare; as rare indeed as an honest politician. Most men commit suicide. Most men dig their graves with their teeth. That we are only fifty per cent. efficient is proven. The causes are plain. Will we remove them? We will not remove them unless we cease ignoring the science of hygiene. That science only can bring us health. It is lack of it that puts us to the bad. In ill health we find the cause of our social ills. Insanity, crime, pauperism, feeble-mindedness, epilepsy, delinquincy and dependency are synonyms for ill health, sickness and disease. Only impracticable people ignore hygiene. Hospitals, insane asylums, jails and poor houses are monuments to our ignorance and conceit.

We must know, we must understand, and we must practically apply our knowledge of hygiene, otherwise we perish.

What is hygiene? It is the science of right living. Where must it be applied? Here and everyhere. Who shall apply it? You, I, every one. When shall it be applied? Now, all the time. Who will heed and apply it? The wise. Who will not heed and apply it? The foolish.

Robert Louis Stevenson, dying of consumption, wrote this as his last message: "I am set up at the crossroads to warn you to flee from the hebetude to come; and I say unto you, keep well; and I say unto you again and again, keep well."—Bulletin of Indiana State Board of Health.

Old Age.

Do we as doctors take the same interest in people who are beginning to approach old age as we ought to? There are a few reasons why we "hang back" but more why we, as family doctors, should press forward.

In the first place we are rather shy about obtruding ourselves on people who do not ask for advice. Again, we do not wish to alarm our friends by suggesting that they undergo a physical examination; and finally, if we find something of a chronic nature present we may be somewhat perturbed as to the best manner of overcoming the defect.

Some life insurance companies have already taught us the importance of a careful examination from time to time of policyholders. But, aside from that, we as conservers of the individual and public health of the people should go more thoroughly into the mode of living, the method of work, and the usual manner of the life of all of our patients past 40 years of age.

What, then, constitutes "old age?" Surely it is not the actual years that a person has lived on this earth, but it is rather his aptitude and capacity, both physical and mental. for performing his usual work. Without going into an extensive discussion of the various symptoms, we may say that loss of memory for recent events, disinclination for physical work and a preverted or rather an increased appetite, are the leading signs. Some men and women show this at 40 years of age while others are pointed out with pride who preserve their "faculties" till seventy or over. It behooves every person past 50 years of age to go to his physician once each year, as he does a dentist if he has any teeth left, and undergo a careful examination. First, as to his kidneys, regarding the quantity of urine passed in 24 hours, the presence of albumin or sugar or other abnormalities. Then the digestive system, as to the quantity and character of food taken. We need less meat and more starchy food as we grow older—and finally a skin examination for cutaneous cancers and other conditions. It has been my custom for a along time to reason with all persons who show symptoms of advancing age to submit once each year to a thorough physical examination. By this means incipient diseases have been discovered and in many instances corrected.—Dr. M. D. Hoge, Richmond, Va.

Medico-Legal Items.

Medical Opinion Invading Province of Jury.—The answer of a medical witness to a hypothetical question and as to his opinion whether or not a connection existed between the supposed accident and the plaintiff's appendicitis several months later, that "this was a traumatic appendicitis due to this accident," was held erroneously admitted over objection, as invading the province of the jury.—Moffett v. Calumet, etc., R. Co., 209 Ill. App. 243.

Expert Evidence—Colle's Fracture.—To recover under an accident insurance policy for the loss of a hand through sustaining a Colle's fracture in falling, the plaintiff must show that the injury resulted in a total loss of the usual functions of the hand. The defendant in such an action may introduce expert evidence to show the nature of such a fracture and the effect of it.—Nashelman v. Grand Lodge, etc., 209 Ill. App. 636.

Care for Child After Birth—Expert Testimony.—Action was brought against a general practitioner and a hospital to recover for the alleged negligent care of the plaintiff's mother and of the plaintiff at the plaintiff's birth, whereby the plaintiff's eyes became infected and the infection through the negligence of the defendant physician was allowed to spread, etc. It appeared that upon the discovery of the infection, which arose some time after plaintiff's birth, an expert was, upon the defendant physician's advice and with the consent of the plaintiff's parents, placed in charge of the case. The expert evidence showed that this was the proper and best practice for a general practitioner. The Illinois Appellate Division held the evidence insufficient to go to the jury as to the alleged negligence of the defendant physician. Whether a physician has treated a case skilfully is a question of science which must be determined, not by lay evidence, but by the testimony of siklful physicians and surgeons. Judgment for the plaintiff was therefore reversed.—O'Connor v. West Side Hospital, 209 Ill. App. 233.

Meaning of "Infection" in Accident Policy. Action was brought upon a policy insuring from "accidental bodily injuries." The assured struck her leg against a truck in the department store where she worked, causing an abrasion, which became infected by the germ staphyloccus, from which developed acute general septicemia, resulting in her death. The policy contained a clause limiting the insurer's liability by 10 per cent. where the injury or loss results from, or is contributed to, by any poison, disease, infection, asphyxiation, gas, hernia, fits, vertigo, etc. The trial court construed this limitation to apply to and cover an infection received with or in consequence of the injury and as a part thereof. The New York Appellate Division thinks it should not be so construed, and that the limitation applies only to a poison, disease or infection from which the deceased was suffering prior to and at the time of the accident. Farniane v. Standard Acc. Ins. Co., 171 N. Y. Supp. 1018.

Book Reviews.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

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Volume I. General Medicine, edited by Frank Billings, M. S., M. D.

This work has a distinct place in medicine. Published in books the size and weight of an ordinary novel, it makes a book that is easy to hold and read at odd moments, which surely ought to appeal to the busy practitioner. The volume on Medicine which has just been issued covers in a concise form the work that has been done in medicine during the year previous to the one in which it was published. The recent war has been the means of stimulating a great deal of research work and the reports on Trench Fever, Heart Disturbances in Soldiers, Blood Pressure and Blood Chemistry; also the work that has been done on the Ductless Glands and Diseases of Metabolism and Acidosis and Diabetes Mellitus is worthy of careful reading. Fred W. Hagney.

Squibb's Materia Medica, 1919 edition, 544 pages. Published by the Medical Department of E. R. Squibb and Son, New York, "For the Physician and the Surgeon."

This is a valuable reference book for the busy practitioner. It is not only a conspectus of the products of the Squibb Laboratories, but also of many other non-official chemical, pharmaceutical and newer remedies approved by the A. M. A. Council of Pharmacy and Chemistry; setting forth their origin, physical and chemical characteristics, incompatibilities, antidotes, therapeutic indications, doses, etc., also a descriptive list of biological products and of reagents. It gives an excellent photographic cut of the late Dr. E. R. Squibb, with a sketch of him, as July 4, 1919, is the one hundredth anniversary of his birth. D. C. E.

Reports and Reprints Received:

Peking Union Medical College. Annual Announcement 1919-1920. Pekin, China.

War Medicine. Published by the American Red Cross Society in France. January, February and March numbers. Paris, France.

Sanidad y Beneficencia. Bulletin of the Department of Health, Cuba, giving account of the progress of sanitation and charities in Cuba. This number contains interesting papers on Hydrocyanic Acid in the Burma Beaus and on the Outbreak of Typhoid Fever in the City of Cienfuegas. Published in Havana, Cuba. 517 pages.

Boletin de la Asociacion Medica de Puerto Rico. San Juan, Puerto Rico.

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GONOCOCCEMIA AND METASTATIC GONORRHEA.*

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The occurrence of a number of interesting cases in my practice, during the past ten years, of gonorrhea, associated with various complications, the great prominence now being given to focal infections, and the lack of any definite form of treatment recommended in text-books and recent literature, have led me to gather together a few facts on this important class of infections, that are too little emphasized and still less recognized. When we consider that gonorrhea is the most prevalent of all infectious diseases that leads to acute and chronic complications, of which gonorrheal arthritis is the most serious and damaging, occurring in from 2 to 5% of gonorrhea cases—the phase of the subject we will try to discuss to-day certainly deserves a prominent position. I will deal principally with gonorrheal arthritis.

The first probable demonstration of the invasion of the blood by gonococci was made by Wertheim. Absolute proof rested with the cultivation of these organisms from the circulating blood by Thayer and Blumer in 1895. Hewes in 1894 succeeded in isolating the gonococcus from the blood of a patient in a case of arthritis. Rufus Cole made a study of 29 septicemia cases collected by him and he divides them into four groups: (1) Cases with malignant endocarditis with fever, sweating, chills, and septic infarcts in some; (2) cases with local suppurative lesions in the internal organs or in subcutaneous tissue and features of pyemia; (3) cases with no metastatic local infections—all these cases recovered; (4) cases of gonorrheal puerperal septicemia. Some authors state that as many as 25% of all cases of puerperal fever are due to gonococci.

The prognosis is not necessarily hopeless when gonococci are cultivated from the blood. The prognosis is worse when endocarditis is present. Of Cole's 29 cases, 12 died, 16 recovered and one not stated. As far as secondary metastatic lesions are concerned, it seems probable that they are usually due to the transmission of a very few bacteria through the blood and their localization in loci minoris resistenitiæ. The most common primary focus is a chronic prostatitis or vesiculitis in male or salpingitis in female. (Treatment of these foci along with appropriate local treatment is necessary.)

Gonorrhea is an acute infectious disease, and locally is a contagious catarrhal inflammation of the genital mucous membrane, chiefly propagated by illicit sexual intercourse and due to the micrococcus gonorrhoeae or gonococcus Neisser. We know too well that this disease may limit itself to the mucous membrane of the genitalia: (1) the local primary disease; (2) it may invade the genitourinary organs, bladder, kidneys, tubes, ovaries, etc., by direct continuity of structure—secondary local infection, and (3) it may enter the blood stream and cause constitutional infection with metastatic involvment. It is with this last group that I wish to deal with principally in this paper. Very little has recently been written on this subject. Very little space is given to this serious complication and its treatment in the text-books of general medicine and in special treatises on the G. U. organs.

Any case of local gonorrheal infection is liable to systemic and metastatic disturbances manifested by symptoms of general toxemia and localized inflammation, especially in the joints, heart, meninges, chiefly

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in and about the joints. The condition is probably due to the entrance of the gonococcus into the blood and to the absorption of toxins. Gonorrheal "rheumatism" so called, is the most common localization in septicemia cases. It may occur in infants, as a complication of gonorrheal ophthalmia neonatorum and in young children (vulvovaginitis).

Angle cited a case of ophthalmia neonatorum occurring 48 hours after birth, followed two weeks later by an arthritis involving the left wrist and right knee, also a second case infected in a similar way affected both wrists. C. Lucas collected 23 such cases of gonorrheal rheumatism in infantile subjects of ophthalmia. It is, therefore, evident that g. arthritis is not limited in its origin to the urinary and genital tracts. In these days, arthritis due to focal infections are most frequently traced to tonsils and teeth, and patients have had their teeth and tonsils removed for so-called rheumatism, when as a matter of fact, they were harboring gonococci in the urethra, vagina, tubes or prostate. In such cases, of course, examinations of the smears and a blood complement fixation test for gonorrhea would have cleared up the diagnosis, and with proper local and general treatment the cases would have been cured, without the needless removal of good teeth and innocent tonsils.

Gonorrheal arthritis most commonly begins in the acute stage of a urethritis and may be associated with a subsidence of the discharge. It may not occur until after the discharge has greatly diminished or not for several weeks after the beginning of the attack. It comes on usually during the third or fourth week of the disease. Its onset is seldom abrupt and is usually unattended by chills or high fever, though there may be a rise to 101°-102°. Most frequent in men. Rare in women. It is often stated that it is monarticular, however, although it may only affect a single large joint, more often two or three or even four joints are involved. The polyarticular involvement may last only a few days. In almost all cases more than one joint is involved. In all but three of Cole's fifty cases there was polyarthritis. Of course, many cases seen in the later stages, when the disease is frequently localized in one or two larger joints, will show monarticular involvement, and if the history is not considered, a mistake is made. The affection is not so migratory and fugacious as acute polyarticular rheumatism. The joints remain inflamed and only improve slowly. The ankles, knees, and wrists seem to be especially liable to gonorrheal inflammation. Often the vertebral, sacro-iliac, temporo-maxillary and hip joints may also become affected. Previous rheumatic diathesis has no bearing on this disease and in the cases which I have seen, no such connection can be traced. On the contrary they are usually patients who are young and healthy and have been remarkably free from muscular and joint pains.

The joints remain inflamed and only improve slowly. The inflammation is endo- and periarticular and the tendon sheaths also become involved with a resulting tenosynovitis. Serous or sero-purulent effusion may appear. Relapses are frequent and disabling ankylosis may result. This disease was first noticed coincidently by Selle and Swediaur more than 125 years ago. Often the disease expends its violence on the fibrous and bursal structures about the knee, elbow, or ankle. The muscle and their tendons, the sheaths through which they pass, the bursal sacs, and the nerves may also suffer. When gonorrheal "rheumatism" attacks the synovial membrane of a joint, though there may be little pain and an entire absence of surface redness, there will generally be a considerable effusion into the cavity of the (joint) articulation, which is not easily removed.

Dr. Osler states that the knees and ankle are most apt to be involved. Suppuration is unusual, and he suggests that the non-suppurative cases are due to the action of the gonococcic toxins taken up from the area of primary infection and that the suppurative cases are due to mixed infection with pyogenic bacteria. In most of my cases the inflammation is located around rather than in the joints.

Blood changes in gonorrheal arthritis. Anemia is not so marked as in rheumatic fever. A moderate grade of leukocytosis is the rule. There is no apparent relationship between the degree of leucocytosis and the severity of the lesions.

Endocarditis. The association of endocarditis with gonorrheal arthritis was recognized as early as 1847 by Ricord. Thayer and Blumer in 1895 proved this with blood cultures during life and smears from the thrombus on the heart valve after death. Kulbs collected 49 cases (36 in men and 12 in women) of endocarditis. 28 cases were aortic and 8 mitral. Thayer found 7 aortic and 2 mitral in 15 cases collected. The right heart was affected more frequently

in gonococcal than in simple endocarditis. Von Leyden first described a case of genuine gonorrheal endocarditis. Later, Finger, Schlagenhaufer, Lenhartz, Ghon described cases of gonorrheal endocarditis. Nolan recognized heart lesions in from 10 to 20% of cases of systemic gonorrhea; in 16 out of 115 cases of gonorrheal arthritis and Sears in 25 out of 167 cases. Sears in an analysis of 68 cases of gonorrheal endocarditis—61 men and 7 women—the heart lesion was associated with arthritis in 56 cases, 48 of which involved 3 or more joints. The mitral valve was chiefly involved.

Phlebitis. Heller has collected 26 cases of gonococcal phlebitis, in 15 of which arthritis was also present.

Gonorrheal Skin Eruptions. These may occur in cases of arthritis. Buschke divides them into 4 groups: (1) Simple erythema, the most frequent form; (2) urticaria and erythema nodosum; (3) hemorrhagic and bulbous eruptions, probably embolic in origin in very septicemic cases; (4) hyperkeratosis—this is a most interesting group, because the lesions are apparently specific. They have been extensively described by Baermann. This follows a severe general infection with joint lesions. Emaciation and anemia are quite pronounced. They appear suddenly on palmar and plantar surfaces or about the nails. The French writers consider the condition a trophoneurosis due to toxic changes in the nerve endings. Baermann does not think the crust formation a true keratosis but a dermatitis papillaris parakeratotica. Roth thinks them "angiopathic" skin eruptions. It is to be remembered that exanthemata may develop in gonorrhea cases that are not due to drugs or sera. Buschke thinks they are due to gonorrheal toxins. Vidal and Besnier consider them trophic myelopathic toxicodermata.

Herpes labialis has been observed by Lenhartz, Irons, Thayer and others.

Other complications, such as iritis, pericarditis, and pleurisy may occur.

There are two views as to the direct cause of the most frequent and also the most important complication of gonorrhea, namely, arthritis; (1) that it is due to the action of soluble toxins elaborated at the seat of local infection, and (2) that due to localization in the joints of gonococci which have gained access to the general circulation or have passed from the local lesions to the joints through the lymphatic channels. The view that the lesion is due to the localization of gonococci in the joints is now well established by the cultivation of these organisms from the joints in a large number of cases. The organisms are often present in the tissues, even where the examination shows the exudate to be sterile. The gonococci probably reach the joints through the blood current. A slight injury to a joint may so render them loci minoris resistentiae as to predispose these joints to such localization of infection. Wm. H. Park says the pathogenic effects exerted by gonococci are chiefly due to endotoxins.

Koenig classifies these joint conditions: I. Hydrops gonorrhoicus; II. arthritis serofibrinosa et catharralis; III. arthritis purulenta (empyema of joints); IV. arthritis phlegmonosa (essentially the peri- or paraarticular form).

I. Arthritis with serous effusion, with little structural change in synovial membrane and the joint is more or less distended with a clear, serous fluid.

II. Arthritis with sero-fibrinous and catarrhal exudate, the synovial membrane is more decidedly infiltrated and the fluid contains flocculent masses of fibrin.

III. Suppurative variety, the joint cavity is filled with pus. Osler says mixed infection is rare.

IV. Phlegmonous — rarest—causes the greatest damages to the joint and surrounding structures and results in the greatest functional disturbances.

According to Osler, gonorrheal arthritis is classified as:

(1) *Arthralgic*—wandering pains about the joints without redness or swelling. Persist for a long time.

(2) *Polyarthritic*—several joints become affected. Fever is slight; local inflammation may fix itself in one joint; more commonly several become swollen and tender. In this form cerebral and cardiac complications may occur.

(3) *Acute gonococcus arthritis*, in which a joint, usually the knee, becomes suddenly involved. The pain is severe, the swelling extensive, due chiefly to peri-articular edema. The general fever is not at all proportionate to the intensity of the local signs. The exudate usually resolves, though suppuration occasionally supervenes.

(4) *Chronic Hydroarthrosis.* Usually monarticular and is particularly apt to involve the knee. It comes on often without pain, redness or swelling. Pus is rare.

(5) *Bursal and synovial form.* This attacks chiefly the tendons and their sheaths, the bursae, and the periosteum. The articulations may not be affected. The bursae of the patella, the olecrannon and the

Tendo-Achilles are most apt to be involved.

(6) *Septicemic form*, in which, with an acute arthritis, the gonococci invade the blood, and the picture is that of an intense septicopyemia, usually with endocarditis.

(7) *Painful heel of gonorrhea*—a remarkable form of pododynia, due to local periosteal thickening and exostosis on the *os calcis*, at the insertion of the tendon of Achilles and the plantar aponeurosis, causing pain and great disability. Baer has demonstrated the gonococcus in the periosteal lesion. Retro-calcaneal bursitis may be present giving a cystic enlargement, along with the periostitis and exostosis. The Achylodynia (or pied blenorrhagique) manifests itself as a painful swelling below the insertion of the tendon Achilles and interferes with walking.

According to Robert W. Lovett, of Boston, the types of gonorrheal joint affection are as follows: (1) Arthralgia without definite lesions in the joint; (2) acute serous synovitis with much periarticular swelling; (3) acute fibrinous or plastic synovitis with slight effusion; (4) chronic serous or purulent synovitis; (5) involvement of periarticular structures, such as bursae and tendon sheaths.

Peripheral nerves may become affected. A. Fraenkel, Fournier, Lesser, and others, have observed ischialgia. Engle-Reimers has described cases of neuralgia of gonorrheal origin in the region of the ischiatic, obturator, crural and auditory nerves. Roswell Park was among the first to report a case of typical pyemia following gonorrhea and to recognize it as such.

Schlittler (Zeitschrift fur Ohrenheilkrankung, Band 76) reports a very interesting case of gonorrheal infection of the upper respiratory and digestive tracts. In the patient, a man forty-two years of age, there developed an acute stomatitis and pharyngitis on the fourteenth day of a gonorrhea. A severe, painful inflammation of the parts first appeared followed by profuse suppuration.

Diagnosis. This must be made from acute rheumatism, gout ("rheumatic"), tuberculous arthritis, acute luetic synovitis, from acute arthritis of infants and Still's disease, acute epiphysitis in children, and various forms of septic and syphilitic ostitis; hypertrophic and atrophic arthritis; bursitis. In children acute epiphysitis may be confounded with gonorrheal arthritis, as may also various forms of septic and syphilitic ostitis. The *gonorrheal process* is more gradual—and milder than acute articular rheumatism, resolution is slow, is not common in women, and as a rule is less febrile than acute articular rheumatism. Cardiac complications are exception as compared to rheumatism. The joints affected are not so numerous and not typically jumping in character as in rheumatism.

The disease frequently arises after painful instrumentation in cases of gleet and stricture. So-called articular rheumatism occurring in pregnancy and the puerperium is often metastatic gonorrheal arthritis, because pregnancy, labor and the puerperium favor the development of metastic gonorrheal infection in women. In women the wrist joint is most frequently affected and the knee joint in men (Nasse.) There is less prostration and sweat and less tendency to migrate from joint to joint and the less frequent occurrence of endocarditis than in acute rheumatism are important aids in the diagnosis. Blood cultures may show gonococci. The complement fixation test for gonorrhea would be positive and the gonococci could be found in smears. The history of a urethral discharge, being recently cleared up, would lead to a correct diagnosis of metastic gonorrheal arthritis. Leucocytosis may be absent in gonorrheal conditions. Gonorrheal rheumatism shows a tendency to go on to recovery and may clear up in 4 to 6 weeks with any treatment. The salicylates do no good in gonorrheal arthritis, whereas if the case were a true articular rheumatism, improvement would take place under large doses of the salicylates. It has been suggested that vaccines be used in diagnosing obscure cases of arthritis of suspected gonorrheal origin.

In children, joint tuberculosis can be differentiated by the usually slow advent of the condition, absence of great tenderness, swelling or redness, but rather a doughiness, is present. There is early rigidity of muscles and fixation of the joint in T. B. The presence of vulvo-vaginitis or ophthalmia neonatorum or a urethritis and the discovery of the gonococcus in the effusion would settle the diagnosis. In children, in gonorrheal osteo-arthritis bone rarefaction can be shown by the x-ray very early, even in the first few days. If there is no rarefaction the disease has probably settled within the capsule.

Park and Krumiviede, conclude that the non-specific response to vaccines is of importance in gonorrheal infections and that a reaction following gonococcus vaccine is of therapeutic value. Also that a positive focal reaction is not only of value as a guide to dosage, but is of diagnostic importance, the absence of reaction is not.

Aspiration of fluid may give information of the greatest therapeutic and diagnostic value. Gonococci may be obtained from the aspirated fluid. Cabot urges that all monarticular infections of any seriousness or obstinacy should be tapped.

The age of the patient is important. Most of our patients are young men between 18 and 25.

Hypertrophic arthritis does not attack the hip, kee, ankle, sacro-illiac joint, etc., in a man of twenty or twenty-five. In the hip joint hypertrophic arthritis constitutes malum coxae senilis, leaving young men unscathed.

Arthritis deformans may in some cases cause some errors in diagnosis at the time of acute exacerbations, or in cases of a recent or chronic urethritis and leucorrhea.

Atrophic arthritis might involve these large joints in a young man, but always involves other joints as well, especially those of the hand and it is very prone to be symmetrically distributed, e. g., both ring fingers, both feet, both wrists, both hips, etc. However, if a young man has subacute or chronic pain in both feet without evidence of *flat feet*, gout may be suspected. Of course a gouty patient may have gonorrhea. It is also true that a patient having a 4-plus Wassermann may also have an arthritis due to a previous gonorrheal infection, in such an instance the gonorrheal fixation test would be positive.

Irons (Archives Internal Medicine, Vol. I, No. 4, p. 433) states that the injection of one-half billion killed gonococci into the tissues of a person free from gonococcal infection was found to cause practically no constitutional disturbances in 8 cases. In infected cases, however, results were quite different, within 24 hours and corresponding to the negative phase, there was increased articular pain, rise in temperature, and there was general malaise—it was, therefore suggested, because of the pronounced reaction, that the injection of killed gonococci be employed as a diagnostic agent in cases of doubtful gonococcic infection.

Still's Disease.—A very interesting variety of arthritis deformans in children, differentiated by Still, in which the general enlargement of the joints is associated with swelling of the lymph glands and of the spleen. The onset is almost always before the second dentition, and girls are more frequently affected than boys. The epitrochlear glands may be as large as hazel nuts. Sweating is often profuse; heart complications are rare, and anemia may be present. The little patients are puny and their development arrested. Limitation of movement, marked fixation of joints may be present with muscular wasting.

Gout. Here the patient is probably a middle-aged man, living well rather than wisely, getting a sudden attack of pain—especially in the great toe, ankle, knee, or wrist. The swelling of the toe is the most characteristic, the metacarpo-phalangeal joint is tensely swollen, livid and glossy, and he may have gouty tophi around the small joints and in helix of ear; there is no recent history of gonorrheal urethritis.

Infectious arthritis must be ruled out in a septic arthritis; the history of the case, the presence of a focus of infection, caries, osteomyelitis, or some recent acute infectious disease like typhoid fever, pneumonia, scarlet fever, will help to clear up the diagnosis.

Sex. Women are singularly exempt from gonorrheal arthritis. The female sex escapes almost entirely (adults). Many cases that are diagnosed as chronic rheumatism, neuralgia, neuritis, etc., attributed to focal infections of the teeth, sinuses, tonsils, are due to gonorrheal infection, recent or remote.

In the *differential diagnosis* one must remember, too, that a gonorrheal infection may occur in a rheumatic patient. A person having gonorrhea may also develop an acute (articular) rheumatic fever (polyarticular rheumatism). However, in cases where only a limited number of joints are involved, without migration and associated with a urethral discharge containing the small, round or oval gonococci of Neisser and Bumm in the pus cells easily stained with the alkaline solution of methylene-blue, and their failure to stain by Gram's method, with or without endocardial involvement and possible implication of the *sterno-calvicular* or tempero-maxillary or vertebral articulations make the differential diagnosis between gonorrheal and articular rheumatism an easy matter. Finally, gonorrheal rheumatism does not as a rule give rise to very acute constitutional disturbance. This is usually a transient one only. It is more or less fixed and has little tendency to change its locality. The tendency to become multilocated is not marked—and there is only a slight tendency to cardiac complications. Of course, there rarely may be a pericarditis, myocarditis, and endocarditis or even a pancarditis. Be that as it may "gonorrheal rheumatism" is a bad term and should be abandoned.

Joints involved — Prenilection. According to Northrup, Finger, Benecke the knee, ankle, wrist, elbow, shoulder, hip, small joints of hands, small joints of foot, heel and toes, tempero-maxillary, and sterno-clavicular articulations were affected in the above order of frequency. Out of 655 articulations involved the knee was involved 258 times, the ankle 125 and the wrist 76 times.

Bacteriology. Gonococci can be grown best on Vedder's medium (ordinary beef infusion agar—1.5% agar, to which 1% cornstarch is added) or Wright—Steinschneider's medium, consisting of urine, human or bovine blood-serum and nutrient agar-agar, as Lipschutz's medium made with nutrient agar-agar or ordinary bouillon and pulverized egg-albumin of Merck—called "Egg-albumin agar" or "Egg-albumin-bouillon" medium—on which micrococcus gonorrhoeae grows very satisfactorily. The micrococcus gonorrhoeae is differentiated from the commoner pyogenic organisms by certain peculiarities:

(1) In gonorrheal pus it is nearly always within the protoplasmic bodies of pus cells; (2) It stains readily with the ordinary staining reagents, but loses its color when treated by Gram's method; (3) It is not pathogenic for animals such as are ordinarily used in the laboratory, and is without pathogenic properties for horses, dogs and monkeys, etc.; (4) It is practically always seen in the form of diplococci, the pairs of individual cells having the appearance of two hemispheres with the diameters opposed, and separated from one another by a narrow, colorless slit; (5) Does not develop upon any of the ordinary nutrient media and is isolated in culture through the employment of special methods—all including some nutrient substance supplied by blood or blood-serum; (6) Wherry and Oliver (Ernest E. Irons Forcheimer's) Jour. Infect. Dis. 1916 XIX, 288, is a micro-aerophile or partial tension organism. (Grow best when placed under conditions of partial oxygen tension.)

Immunity. A man can usually not be re-infected by a woman upon whom he has conferred the disease. The gonococcus only confers a relative immunity to the person who harbors it. Relapses of a given attack are less severe than the initial attack. No immunity, or a very slight one, exists after a cured attack. Subsequent attacks are milder, though they may be even more complicated, than the initial attack.

Prognosis. In the severe cases there is more apt to be a periarticular infiltration and serious joint disability. Cases may be mild and result in no disability whatsoever. There is a tendency to form adhesions, contraction of joint appendages and surrounding muscles. An osteo-arthritis might occur—at the beginning there is a focus with an area of rarefaction around it or a diffuse infiltration of the articular end of the bone. The infection may spread rapidly to the joint surface itself, and thus destroy the cartilage and invade the interior of the joint, the joint involvement being secondary in osteo-arthritis. These cases may go on to resolution without loss of joint motion. Osteophytes and spicules and other thickenings of the periosteum as a result of proliferation may take place, and thus limit motion. Complete bony ankylosis may result in cases where the cartilages are completely destroyed. Bone rarefaction appears as a rule within the first few days of an osteo-arthritis and never appears in arthritis at any stage—the x-rays, therefore, are very useful. With an absence of rarefaction and presence of arthritis alone demonstrated, one can be reasonably certain that there will not be any bony destruction or bony ankylosis. Where rarefaction is present the prognosis is not good—bone destruction and some permanent disability is sure to result, because of a primary bone focus of infection. In the worst cases, arthritis alone may at times end in fibrous ankylosis.

Case I. Mr. S. P., 21 years. White. Merchant. Single. Had measles when a child. Influenza, during October, 1918. Received an injury to chest (left) and contusion of left hip in an automobile accident, December, 1918. Had his first attack of gonorrhea September, 1918. The second attack (?) began January 2, 1919, two or three days after exposure.

In the third week of the specific urethritis he was seized with pain in left hip and some pain in right waist. Complained of no difficulty on urination, no dribbling, etc. Urethral discharge present. Had been treated for past few weeks for his clap by a Philadelphia doctor. During this period, and about a week ago, he was out all night and exposed to sexual excitement and intercourse (while having an active discharge). A few days after this, arthritis began in wrist and hip. Denies ever having had a chancre or rash at any time. Never had rheumatism, malaria, typhoid fever, and never had any trouble with joints, teeth, eyes, ears or sinuses; did have some

sore throat when younger. Father died of carcinoma of the breast. Mother, brothers and sisters living and well. No tuberculosis or lues traceable in family.

Fever present; the pulse and respiration accordingly. Temperature varying from 99½ to 103°+. Had chills and chilly sensation; insomnia; dry coated tongue, parched lips, crying with pain; restless, nervous, and slightly delirious at night during sleep. Patient was septic in appearance.

The gonorrhea blood complement fixation tests were all positive (different laboratory reports). Urethral smear—positive for gonococci. Syphilis blood Wassermann and Noguchi tests all negative (three different laboratory reports). Malaria—negative blood smears. Typhoid Fever—negative Widal reaction (several times). Blood culture—On early blood cultures, no growth was obtained. Recent blood cultures have not yet been reported to me.

Blood. Secondary anemia of mild grade, present. Due to the general gonorrheal infection (septicemia) and metastatic involvement. Hemoglobin, 75%; (2/3/19); W. B. C., 16,400; Pmn. 84; S. M., 13; L. M., 1; Eosin., 2; R. B. C., 4,160,000.

Urine. (1/27/19). Trace albumin. All qualitative tests negative—for indican, sugar, diacetic acid, acetone, etc. A few R. B. C.; a few pus cells; ammonium urates. Total solids 35 gms. per litre. Urea 1.4%. S. G. 1.015. No casts, some squamous cells.

Reaction alkaline (due to medication). (2/3/19 P. M.); Amber. 1.015 S. G. Some indican, very faint trace albumin. Some W. B. C. Some bladder epithelital cells. Many cylindroids. Few uric acid crystals.

Urine specimen, 2/4/19 A. M. Amber; 1.013 S. G. Acid. Trace albumen. Indican+many W. B. C. Few R. B. C. Some bladder epithelial cells. Very few hyaline casts and many cylindroids. Some amorphous urates.

Blood Pressure. Systolic 110—112 to 108. Diastolic 74.

Heart. Sounds weakened tone, and at times a very faint murmur heard, especially after deep breathing and then holding breath. Possibly due to the anemia or a beginning acute endocardial or myocardial involvment.

Lungs. Except for a few scattered rales, were negative. A slight cough, due to an associaed tracheobronchitis, or the myocardial weakness.

Treatment. Dial—Ciba. Dial is dialylbarbituric acid, in 1½ grain tablets. Is a safe hypnotic and sedative in doses of 1 to 3 tablets. It is not a narcotic of barbital for insomnia, and M. S., one-eighth to a quarter of a grain, given on several occasions as required. The patient has received complete and absolute rest in bed for three weeks with Blaud iron pills for the anemia. Pure santal oil in capsues and argyrol injections for the local condition, which was clearing up nicely. Plenty of water to drink. Abilena water for the bowels. Also heavy mineral oil, etc., and alkaline rectal enemas—both evacuting and irrigating. Polyvalent antigonococcic serum intramuscularly and intravenously. Gonococcus vaccine hypodermically and intramuscularly. Small doses of mercury and large doses of syrup, ferri iodide for different periods. The most satisfactory and most rapid relief of pain and improvement was noticed after the combined use of the vaccine and one large intravenous injection of the antigonococcic serum (50cc.), given when he was very septic and suffering greatly. The relief and improvement was almost magical. Dr. Alfred C. Wood, of the University of Pennsylvania, saw the patient with me and believed that cause and effect in this case, would indicate the further use of specific serum—vaccine therapy. No other medication received at the time could possibly have had such beneficial effect.

A few day ago, x-ray examination was advised to decide whether there is an arthritis, an osteo-arthritis, or effusion in the joint, etc., and his removal to the hospital urged for this purpose, and for the possible relief of pain by Buck's extension or plaster of Paris splint, etc., or any possible operative interference, that may later be necessary, in the opinion of the surgeon. About a week after the initial administration of the polyvalent antigonococcic serum, patient had some urticaria with marked itching, which passed away after a few days. Before he received the large serum doses, he had received a small injection of the serum as a desensitizing dose. This prevented any marked anaphylactic serum reaction. After the large intravenous injection of the serum, he received 15 min. of adrenalin solution and a very small dose of atropin, to ward off any possible after effects. However, the patient took the specific therapy without any untoward results and with considerable improvement until lately, when his pain returned after the specific treatment had been discarded for several days, when he was advised to go to the hospital for the x-ray studies, etc.

Careful measurement was made of the

urine output and of the intake of all fluids. The urinary output was quite satisfactory and his kidneys at no time gave us any concern. Locally for the relief of pain in the joint I ordered hot water bottle, hot turpentine stupes, tincture of iodine painted on the affected area, and the old reliable ointment containing ung. belladonna, ung. hydrargyr. and ichthyol, at different times. I did not use calcium sulphide nor any of the other supposedly efficient internal remedies. Early in the treatment he did receive some urinary antiseptic (urotropine) and mild alkaline diuretics. It is very important to know whether there is an arthritis or an osteo-arthritis with bone and cartilage destruction or rarefaction, because the second type will demand longer rest and more careful fixation of the affected joint, whereas in the first, earlier massage and passive motion will help to prevent formation of adhesions and give him early use of his leg.

Bier hyperemia or "hot air" baking may be tried if the joint is involved; this also does good where the soft tissues only are involved. Leeches at times give considerable relief.

Dr. B. C. Corbus, of Chicago (A. M. A. Jour., May 9, 1914), reported a series of 24 cases treated with antigonococcus serum. He recommends 36-45 c. c. as the dose, he gave his patients the serum intramuscularly, but believes that intravenous administration would be followed by more rapid recovery with a possibility of using less serum.

Block (Cor.-Vol. f. schweitz. Aerzte, 1914, XLIV, No. 44) saw improvement in gonococcal arthritis following the injection of typhoid vaccine as well as following gonococcal vaccine and suggests that the improvement may be due to non-specific effects of the reaction on gonococcus infection.

Case I. After the antigonococcic serum and mixed gonococcus vaccine were stopped, and while he was in the hospital, he developed a marked inflammation of the *knee*, which I believe may have been prevented by the continued use of the vaccine and serum.

Case II. June 7, 1917. M. C. Little girl. 3 years old. Father had an acute gonorrhea, mother gave positive smears. Father's Wassermann was negative. Shortly after their return from a vacation period the child developed a yellowish vaginal discharge and this was quickly followed by enlargement and painful swelling of joints of wrist and little finger. There was a slight rise in temperature. The condition existed for several weeks when the child was first seen by me. I found gonococci in the smears, and ordered argyrol in solution and in 10% ointment for the local condition. The injection of a polyvalent gonococcus vaccine (combined), gave rapid relief, followed by a cure of the arthritis and the vulvo-vaginitis.

Case III. Mr. B. Acute gonorrhea. Beginning of third week, developed a marked swelling of the wrist and ankle joints, later the elbow and knee became affected. He tried to treat the urethritis himself, with various remedies purchased at drug stores, and when he came to me the urethral discharge was free and his wrist and ankle joints were badly inflamed. After a long stormy convalescence, he finally recovered. Treatment consisted chiefly of the injection of argyrol solution for the urethritis, prostatic massage and the use of huge doses of vaccine. No serum was used in this case. I now believe that had large doses of antigonococcic serum also been given, he would have improved much more rapidly, and it is possible that the later involvement of knee and elbow joints would have been prevented altogether.

Case IV. G. L. January, 1918 Age 43. Had gonorrhea twice. Pains in head and joints. Wassermann negative. Prostate enlarged and tender. Complement fixation for gonorrhea was positive. Proctoscopic examination showed fissure in ano. Blood P.-S. 128, D. 76. Heart and lung, negative. Urine, negative. X-ray of head negative. Prostatic massage and vaccine gave him prompt relief and ultimate cure, after he had gone about without a correct diagnosis and without obtaining any relief for over two years. In this case the examination of the prostate and the blood complement fixation test for gonorrhea cleared up the diagnosis. His prostatic condition was no doubt the focus of infection causing his trouble. The complement fixation test is most valuable in systemic gonococcus infections; the result is positive in all such cases. If there is a history of gonococcic infection no matter how remote, employ this test, when the diagnosis is in doubt.

Treatment. Now as to the treatment itself, I cannot add much more than I have already stated in the case reports.

Wm. H. Park and Charles Krumwiede state that of all types of gonorrheal infection, para-arthritis and similar conditions has been most successfully influenced by vaccine therapy. In the subacute cases which have not gone on to fibroid changes,

the majority have been benefited, and in some the results have been startlingly good. I believe some failures have been due to inadequate dosage of *vaccine*, as the patients rapidly improve with larger doses. The polyvalent *serum* should be given in doses not less than 10 c. c. and up to 50 c. c., depending on the severity of the case and repeated as necessary. Phenylcinchoninic acid (atophan) in 7½ grain to 15 gain doses, at times, gives relief.

Miller and Lusk have reported good results with intravenous injection of typhoid vaccine. Muller and Weiss claim that the intramuscular injection of non-specific substances—as sodium nucleanate or milk—are as beneficial as the intravenous injection of gonococcus vaccine. Bruck and Schindler have used "Arthigon"—a preparation, 1 c. c. of which contains 80 million gonococci.

Pearce, in Journal Experimental Medicine, 1915, has emphasized the important point that the strains of gonococci from vaginitis in children differ immunilogically from those found in adult infections, and since the usual vaccines are from strains isolated from adult sources, this may account for some of the failures in the results obtained from the use of vaccines in cases of vulvo-vaginitis (with or without arthritis). Orville Horwitz, of Philadelphia, has stated he has never seen any serious complications arise from either vaccination or injection of serum. Neither vaccine nor serum renders the patient immune. Relapses after treatment are common and reinfections frequently occur.

Louis E. Schmidt and Horwitz state small doses, 10 to 50 million (vaccine) at short intervals are preferable to large doses. The largest dose of serum that Schmidt has administered was 165 c. c. of the serum and 1½ billion of the gonococcus vaccine. Horwitz in 1910 and 1911 gave the serum in very small doses of 2 to 5 c. c. daily for a week. Then after an interval of 5 days, again for a week. In some cases he used doses of 8 to 10 c. c. of the serum. He concludes that in *acute and subacute arthritis* antigonococcic serum should *always* be used as a routine treatment, and that serum is of service occasionally in cases of epididymoorchitis and gonorrheal myo-endocarditis, and that serum is invaluable in those rarer cases of pure gonorrheal toxemia. In three cases, all were benefited and one cured. In 20 cases of acute and chronic arthritis rapid improvement occurred in ten and slight improvement in six, following serum injections.

The use of vaccines are far inferior to gonococcal sera according to Horwitz. In six cases of myo-endocarditis with valvular lesions, there was rapid recovery in one desperate case and marked benefit in and rapid improvement of two, following the use of antigonococcic serum.

Wm. H. Park, New York City, emphasized the marked variation in cultural and biochemical features of different strains of mic. gonorrhoeae and the importance of using autogenous vaccines in these infections. He states, further, that the results of Cole and Meakins, Eyre and Stewart, Irons and Hartwell, not only justify use of vaccines in gonorrheal arthritis, but attest their value as therapeutic agents in many of these obstinate joint infections. Cole and Meakins employed injection of stock vaccine 300 million to 1½ billion at intervals of 7 days. Hamilton, Hamilton and Cook, Butler and Long, and Churchill and Soper, report most encouraging results from the use of vaccines. Morton says, gonococcus vaccines has its greatest field of usefulness in this class of cases and should be used, with the Bier hyperemia.

In gonorrheal arthritis a temporary focal reaction may be expected which consists of increased pain, tenderness, and swelling of the joint. Since such focal reaction is specific—that is, it results only when the gonococcus is present both in the lesion and vaccine—Irons suggested the use of vaccine in diagnosing obscure cases of arthritis of suspected gonorrheal origin.

Wm. H. Park, of New York, in a personal communication to me states he has used antigonococcus serum in joint infections which were acute. He has used the vaccine very much more—and he is inclined to use doses of 250 to 500 million, etc., repeated every two or three days. Dr. Ed. L. Keyes, Jr., in a personal communication, states that vaccines and sera appear to be of value in proportion to the reaction they arouse. In other words, the reaction is not a specific one. He advises immobilization of the joint is essential and adds that *vesiculotomy* is often beneficial, especially in the more chronic cases. Fuller did seminal vesiculotomy with good effect.

Thomas C. Stellwagon used the serum very effectively in the treatment of these conditions, and maintains it is also a valuable adjunct in treatment in orchitis, prostatitis, and epididymitis, but is of distict value and of great preference in arthritis and other synovial infections. He obtained very gratifying results. Chiari tabulated 443 cases in which vaccine

therapy was used with 367 cures. Ramond and Maillet have also reported encouraging results from vaccine treatment. Dr. D. Hayes Agnew thought well of blisters, leeches and absolute rest. Henry H. Morton recommends iodide of potash in large doses and salol and oil of gaultheria (G. U. Diseases, 3rd edition). J. C. Wison recommends syrup. ferri-iodide.

Bier and Baetzner in their article claim that the Bier hyperemia method is especially effective in gonorrheal rheumatism, however severe its type. Salicylates, salicin, aspirin, etc., are useless. Friedrich and Binnie have obtained good results with Bier's hyperemia method. As soon as the acute symptoms subside and pain is relieved active and passive motion must be begun to prevent the formation of disabling adhesions. Binnie advises rest—by the use of a splint and elevation. He considers ointments as placebos. When pain and swelling are very great, multiple small incisions or punctures give great relief by permitting the escape of the inflammatory effusion.

James P. Warbasse advises the use of injections of oil for the prevention of ankylosis. Adhesions forming between synovial surfaces in joints after inflammatory processes, may often be prevented by the injection into the joint of sterilized olive oil. He advises this, especially after the breaking up of fibrous adhesions in order to prevent their re-formation. Baer has found this useful and found passive motion less painful after its use. Rovsing employs sterilized yellow vaselin; he finds the hip joint holds 20-25 c. c.m. without difficulty. The knee 10-15 c. cm. and the shoulder 15 c. cm. You must make sure that the lubricant enters the joint, if a vessel is punctured embolism may result. Of course, if infection is present, and the synovial fluid is turbid the injection is not made.

R. W. Allen, Guy's Hospital, England, recommends the routine practice of giving every case of acute specific urethritis 1 or 2 injections of from 75 to 150 million gonococci as soon as the more acute symptoms begin to subside and the discharge to diminish. In his cases convalescence was complete in two or three weeks and no secondary complications or backward extensions occurred in any of his series of cases treated in this manner. The acute urethral cases do not require as large doses of vaccines as do the chronic cases, also that the arthritic cases require much larger doses than do the urethral cases.

Keyes obtained the best results from stock polyvalent vaccines in the treatment of systemic gonorrhea, 75% of acute joint lesions were markedly improved after 6 or 8 injections. In most cases relief is marked after every injection and is realized within 6 or 8 hours. Keyes has used vaccines to abort and prevent threatened complications in many cases; he succeeded in aborting epididymitis in about 30% of cases. Rogers, Herbst, Swinburne have all obtained good results with serum in all chronic joint cases, epididymitis, and in 85% of early joint cases. B. C. Corbus obtained excellent results with the sterum.

I have not used methylene-blue injections or intravenous injections of methylphenol-horse serum nor any other antiseptics intravenously or intramuscularly, nor radium salts, or radio-active mud or emanations.

A. Recio reports favorably on the diagnostic value of vaccines in cases of gonorrhea. In 211 collected cases of vaginitis in children, with and without arthritis, etc., treated by Ohlmacher, Hamilton, Butler, Churchill, Ladd and Russ, Thomas, and reported in various journals, 100 were promptly cured and 100 were greatly improved. Morrow and Bridgeman, in the A. M. A. J., May 25, 1912, reported 30 cases of gonorrhea in girls treated by various methods and the best results were obtained in 118 cases treated by means of vaccines.

Roark treated gonorrheal keratosis (with good results) by the use of vaccines. Of the 211 cases above mentioned I included 18 cases treated by Dieulafoy, 31 by Irons, 26 by Eyre and Stewart, 51 by Hartwell, 16 by Schultz, 4 by Mainini, 14 by MacDonald, 15 by Cole and Meakins, 11 by Ladd and Russ. Weinstein reports a cure in every case of vaginitis in 15 little girls treated with vaccine. Shropshire reported treating 111 cases of acute gonorrhea with vaccine of which 100 were cured—also reported 30 cases of arthritis with 28 cases and 5 cases of gonococcemia, all of which were cured.

Thomas, in the A. M. A. J., January 22, 1909, emphasizes the essential point to be carried out in immunizing, whether by sera or vaccines, is progressive increase in dosage, until tolerance is established. Bruck holds that a strong reaction and rise of temperature are necessary for active immunization. He uses his "Arthigon." Dr. Ramond and Dr. Maillet have tried autosero-therapy in cases of gonorrheal arthritis. D. B. Falgeyrolle, and Debove, and Albert Robin have made use of radium emanations, injections of radium salts and the application of radio-active mud.

Drs. Claude and Renault, Bertoloki and Bader and Dominici have tried radio-active mud and baths, in the more chronic forms of gonorrheal arthritis. Cano used methyl-phenol horse serum intravenously and by intraprostatic injections. In 10 c.c. ampoules, injected by means of a platinum-irridium needle. He worked with this antiseptic at the Rosales Hospital, Salvador, C. A. It is a combination of methylene-blue and phenol in human or horse serum. Each 10 c.c. ampoule contains the equivalent of 0.5 gm. (7.5 grains) of phenol. According to Cano, an intravenous injection of 10 c.c. of methyl-phenol-serum or an intraprostatic injection of normal phenol horse serum is non-toxic. Bernard of Chicago used boro-phenylic acid and sodium benzoate intravenously, in the treatment of gonorrheal conditions.

Gonorrheal Urethritis. S. Reines (*Wiener klinische Wochenschrift,* No. 9, 1918), treats acute posterior gonorrheal urethritis and cystitis with intravenous injections of a two per cent. methylene blue solution at the dose of ten c.c. per injection. The subjective disturbances quickly disappear and the second glass of urine becomes limpid. This treatment is contraindicated when the prostate, seminal vesicles, testicle, or epididymis are involved in the gonorrheal process. After three injections, given every second day, the usual treatment is taken up and continued.

CONCLUSIONS.

In regard to gonorrheal arthritis, first be sure that your arthritis is of gonorrheal origin. This can be ascertained by the history, the age, the sex of the patient, by the complement fixation test for gonorrhea, and of course, smears from the urethra and smears after prostatic massage will help. All of these cases have a focus of infection some place and this is usually in the prostate or the seminal vesicle in the male and in the tubes and ovaries of the female. The gonorrhea cannot be eliminated unless you treat these foci of infection. The best method of treatment other than the rest and local treatment is the administration of large doses of anti-gonococcic serum, say up to 50 c.c. This is given best, ordinarily, in doses of 10 or 15 c.c. on successive days. The action of the serum is enhanced by the combined administration of mixed polyvalent vaccines in doses varying from a quarter of a billion to two, three or even four billion. In the more subacute or chronic cases, the careful administration of fresh vaccine in large doses seems to do more good than the serum alone. The preferred method of treatment is a combination of the two. Occasionally, on the eighth or tenth day following the administration of the serum there is an anaphylactic reaction. This can best be controlled by the administration of adrenalin, 1 to 1,000 in 15 minim doses every 4 to 5 hours, and 1/100th to 1/150th of a grain of atropine hypodermically. Large doses of alkaline remedies, lemonade, and kalak water, can be given until the reaction subsides. If the gonorrheal rheumatism does not then improve, one must keep on with the local treatment, prostatic and vesical massage, etc. Then again, failure in improvement may be due to inadequate dosage of anti-gonococcic serum and anti-gonococcic stock vaccine—the intravenous administration of the serum may act more promptly in severe cases.

Finally, don't forget the tonsils, bad teeth and infected sinuses are the most frequent cause of an arthritis, and that this source of infection may be overlooked even if there is a urethritis present.

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DISCUSSION.

Dr. Harry Lowenburg, Philadelphia: Dr. Goldstein's paper is most comprehensive, especially in reference to his bibliographic investigations. It shows most painstaking study, and reveals the mind of the true student, searching patiently for the truth. While his paper deals with gonococcemia, it is impossible to exclude entirely a discussion of the focal infection. This is done to the fullest extent. Hence, I take it that in discussing the subject from the standpoint of the pediatrist, it will be in keeping with the scope of the essayist's paper to confine our attention to vaginitis, urethritis, conjunctivitis, arthritis and other remote complications as they are met with in infancy and childhood. The most frequent type of gonorrheal infection met with in the young is vaginitis. It is the bane of institutions in which children are treated, and will enter in spite of the most painstaking and thorough preventive measures. The subject is too large to discuss in its entirety, and yet, withal, too important to be passed by without mentioning some of its most essential features. The following are my views:

1. Wards become infected primarily by the admission into them of an infant that is in the so-called latent stage, i. e., the vaginal smears were negative on the day of admission, and the

infant was placed in the general pediatric ward. Within two or three days, a discharge appears; when, however, it is too late, the other inmates having been already infected. The thing to do is to observe all cases for five or six days before admitting them to the general ward, daily smears being examined; 2. no one can tell when a vaginitis is cured; 3. neither discharge nor positive smears must be encountered for at least four continuous weeks, during which no treatment is employed, before a case may be even tentatively discharged as cured; 4. vaccines are of doubtful value. In the light of my experience, I cannot agree with the brilliant results reported in one case by the essayist. Stock vaccines are useless. There may be a reason for that. Serologically, the gonococcus that inhabits the vagina and urethra of the adult is not identical with the one that inhabits these portions of the body in the child. That is probably the reason that stock vaccines are useless, because most of them are made from adult gonococci. If this were true entirely, however, we ought to get better results from autogenous vaccines than we do. My next statement is that autogenous vaccines may be of some use, but must be given in large doses, over a long period. Kerley testifies to their uselessness in the New York Nursery and Child's Hospital, where they were given extensive trial, Holt and Howland are doubtful as to their value, except in general sepsis. This is also the experence of Dunn; 5. local treatment is the most important and valuable, but can hardly be said to be curative. To be of use, however, it must be thoroughly and continuously applied over an indeterminable period of time. The choice of irrigating fluid, in my experience, which covers contact with probably three hundred to four hundred cases at the Philadelphia General Hospital and elsewhere, is of little moment. It is the mechanical cleansing of the douche which counts.

Concerning arthritis and distal points of infection, as endocarditis and bubo, these conditions, as occurring in children, have been in my experience—extremely rare. I do not remember having encountered a case of proved gonococcic arthritis throughout my professional career. Before concluding a diagnosis of this condition, I regard it as necessary that gonococci be recovered from the joint fluid or the blood, or that the complement fixation test be positive. Therefore, it is difficult to accept the case to which the author referred, as cited by Angle, wherein arthritis occurred in a two weeks old suckling following gonococcic conjunctivitis, as completely diagnosed. The same applies to the twenty-three cases referred to by the author, as cited by Lucas; and also especially to the rarer twenty-six vague cases refuted by Holt, by reason of the fact that nineteen of them occurred in males without visible focai infection, and also because of the seven cases which occurred in females, only two showed vaginitis. The mere fact that these cases occurred during an epidemic of vaginitis in the Babies' Hospital, does not prove them to have been of gonococcic origin; especially as Holt fails to mention whether or not bacteriologic or serologic tests were made, which in my opinion, as just stated, are necessary before concluding a correct diagnosis. I cannot agree with the essayist that a conclusive diagnosis may be reached by reason of a positive focal reaction following the injection of gonococcal vaccine. The same reaction might follow the injection of any nonspecific foreign protein substance. A positive reaction might occur in a noninfected person. Nevertheless, pediatric authorities differ as to the frequency of the incidence of arthritis. Still, of London, regards it as common, as does Kerley. Dunn has seen it occasionally. I have met with but one case of strongly suspected, but unproved endocarditis, in a six months negro infant who died in the Children's Venereal Ward of the Philadelphia General Hospital, double oophoritis and double suppurating gonococcic salpingitis were revealed by autopsy. A case such as this gives rise to the thought as to whether there may not exist a direct etiologic relationship between sterility in latter life and gonococcic vaginitis in infancy.

Dr. Louis L. Davidson, Newark: The previous speaker has already covered a great deal of the ground that I had intended to cover. It is important to call the attention of the medical profession to the fact that instead of being a merely local infection, gonorrhea may become a specific blood disease. Septicemia, bacteremia, and toxeima, the entrance of bacteria or their toxins into the circulation from some focal lesion has been recognized for many years, but that gonorrhea instead of being a mild and insignificant local infection may occasionally become a dangerous systemic disease has not been as stated by Dr. Goldstein prominently discussed by the medical profession. Gonorrheal arthritis due to the entrance of gonococci into the circulation and their deposit in the joints is only one illustration of a systemic gonorrheal infection or bacteremia. Another condition more chronic in nature, more vauge in its symptomotology and more difficult to diagnose is frequently the result of a gonorrheal focus in the seminal vesicles; these patients complain of occasional urinary disturbances, of pain in the perineum, muscles or joints, of areas of anasthesia or hyperasthesia, of headaches and sleeplessness, of alterations in the sexual power, at first increased desire with frequent erections and painful ejaculations, soon followed by impotency or fear of impending impotency they lose all ambition and can concentrate their minds on nothing save their genital organs which they imagine are shrinking daily; these cases are usually diagnosed as sexual neurasthenics and dismissed with a prescription for bromides. A rectal examination of these cases will reveal large thickened and boggy seminal vesicles from which a large amount of secretion can be expressed with little pressure; a miscroscopical examination of the discharge may or may not show gonococci, but on culture gonococci will usually be found; a complement fixation test for gonorrhea will also be positive.

The treatment of these cases is very trying. The conservative treatment consists of massage and stripping of the seminal vesicles, deep instillations of weak solutions of silver nitrate, and gonorrheal vaccine to stimulate the formation of antibodies, together with measures to improve the general health of the patient. If symptoms persist more radical measures must be instituted and a vesiculotomy by one of the recognized methods is performed permitting

free drainage of the vesicles. Fuller, Squier, Young and others have demonstrated that many of these patients as well as those suffering from sub-acute or chronic arthritis have been cured or delivered by draining the focus of infection in one or both seminal vesicles.

Dr. Otto Lowy, Newark: There is very little for me to add to the paper and the discussion of it. I should like to draw attention to just two little things. Unfortunately, the medical profession considers gonorrhea in about the same light that the laity do—that it does not amount to much. But it does. It leaves an indelible stamp on the individuals who contract it, and also upon the wives and children of these unfortunate individuals; and I believe that it is up to the medical profession to see that those cases that come under their care are thoroughly and radically cured, if such a thing is possible. I am not at all satisfied that cases of gonorrhea are ever cured, but we should never discharge an individual who has had a Neisserian infection until he is physically and from the laboratory standpoint cured. Unfortunately, in a great many cases we are not able to find the gonococcus after a certain amount of treatment. We consider them cured, but they are not. The seminal vesicles should be stripped, and the complement-fixation test should be negative, not once, but a number of times. I should like to emphasize the fact that we must not neglect the cases until we are certain that they are cured, if such a thing is possible.

Dr. F. Ward Langstroth, Ridgefield Park: We have heard continually, in the paper and the discussion, references to vulvo-vaginitis. I should like to call attention to the fact that, as the result of the recent researches that have been made, we do not believe now that the vagina or vulu is the site of gonorrheal infection. In the female, the sites are Skene's glands, possibly the urethra, Bartholin's glands and the cervix. The latter harbors the germs for years. About ninety per cent. of the cases are in the cervical endometrium. The epithelium of the vula is not suitable for harboring gonococci indefinitely. In the book sent out recently by the Federal authorities on the treatment of gonorrhea they recognize what I brought out in my paper, that the only means of eliminating gonorrhea in the female is to enucleate the endothelium of the cervix, the tissue that harbors the germs permanently.

Dr. Charles A. Rosewater, Newark: I should like to refer the speaker and other gentlemen to the article that I published in 1900, in the "Archives of Pediatrics" for July, in which I made reference to the gonococcus in infants. It called attention to the organisms in the normal child. It was shown that the diplococcus found in the vagina, although it looks like and stains like the gonococcus, is not; and that it can be differentiated from that organism only by the cultural method.

Dr. Hyman L. Goldstein, Camden: I did not find the focal reaction following the use of vaccine as a diagnostic agent was a conclusive method of diagnosis. The inventors did not claim it to be so. Dr. Lowy is not convinced that gonorrhea is ever cured, and others state that it is not cured. In children, I do not believe that we ever cure syphilis; but that is no reason that we should not continue our efforts. We all know of Skene's and Bartholin's glands; and those glands are ,no doubt, included in the term vulvo-vaginitis.

Dr. Emanuel D. Newman, Newark, presented a somewhat lengthy discussion, dwelling on the dermatoses of gonorrhoea. The length of the paper and of the above discussion of it and the lat ness of receiving the stenographic report, compels us to defer Dr. Newton's discussion till the next issue of the Journal.—Editor.

ALCOHOL AS A MEDICINE.*

ABSTRACTS FROM THE WRITINGS OF EMINENT AUTHORITIES.

By CHARLES A. ROSEWATER, M. D.,
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The Eighteenth Amendment to the Constitution of the United States, provides as follows:

"After one year from the ratification of this article, the manufacture, sale, or transportation of intoxicating liquors within, the importation thereof into, or the exportation thereof from, the United States and all territory subject to the jurisdiction thereof for beverage purposes is hereby prohibited." It is clear that this amendment in no wise abridges or prohibits, the manufacture and sale of alcohol for medicinal purposes, and it is also a fact that in but two States of the Union (Arizona and Arkansas) is the sale of alcohol for medicinal purposes prohibited. Evidentally, practically all lawmakers accept as a self-evident truth, the fact that alcohol is an indispensable medicinal substance. They have placed upon the broad shoulders of the medical profession the responsibility of supplying the public with alcohol when in the judgment of the physician it is indicated. That the physician will be called upon by the public to prescribe alcohol after the above amendment becomes operative (Jan. 15, 1920), and the present supply which is being hoarded by the public, is exhausted, is evident from the well-known fact that since time immemorial, alcohol, in some form or other, has been the universal household medicine.

Countless thousands of persons, accustomed to the moderate use of alcohol as a stomachic, a tonic, a stimulant, an anodyne and a soporific, will expect the physician to prescribe for them that which they know from experience will promptly afford them

*Read at the annual meeting of the Medical Society of New Jersey, at Spring Lake, June 25, 1919.

relief, and if the doctor fails to meet their requirements, they will have recourse to the rapidly increasing number of proprietary drug preparations, as well as the official pharmacopeal preparations containing alcohol, which are flooding the country. The experience in "dry" states confirms this view, as is attested by the statement of one firm selling an alcoholic "tonic," that it has sold upward of 14,000,000 bottles of the preparation. That in some parts of the country, the demand for paregoric (which contains 47% of alcohol, and about two grains of opium to the ounce) is so great that manufacturers have difficulty in supplying the demand, is also well known.

The value of alcohol as a medicine has to a great extent been lost sight of, owing to the political aspects of the prohibition movement, and the confusion between use and abuse. For the purpose of aiding my colleagues in determining whether or not to prescribe alcohol in a given case, I have made abstracts from the writings of some of the world's most eminent teachers, which I herewith submit for thoughtful consideration, knowing full well that the true physician will stop at nothing to aid his patient. He will therefore, study the various preparations of alcohol, noting the special advantages of each, and will prescribe that preparation which in his judgment will best meet the requirements of each individual case. That it is his sacred duty to do so is incontrovertible, for the facts speak for themselves, loudly proclaiming, that properly used, alcohol is one of God's most generous gifts to mankind.

The abstracts referred to are as follows:

Abraham Jacobi, M. D., LL. D., M. A., Nestor of American Medicine. From the Medical Economist, July, 1918:

"There will be a time soon when our courts of "justice" will be crowded with fanatical, ignorant women and their grasping attorneys, and unchristian healers, in prosecution and persecution of your honest doctors, who know they have benefited their patients with small, or, as the case may be, big doses of alcohol. Physicians have always found alcohol a valuable, aye, an indispensable, remedy. There is hardly a human organism which is not favorably influenced; mainly the aged, feeble, fat and convalescent feel its benefactions. Alcohol treatment, that means wine in moderate doses of diluted liquors, is highly appreciated by physicians and those who are teachable, and is recognized as an article of diet and cure. It need not make you strong, but it makes you feel strong; for temporary efficiency that is of import and efficient. It makes your waning pulse return, your fainting attack pass by, and your fatigued or exhausted muscle recover. In diphtheria there is more danger in giving too little than too much. When the pulse begins to be small and frequent, alcohol must be given at once. Cases of young children in sepsis would improve immediately when 3 ounces of whisky was increased in one day to 12 ounces. No amount of whisky will ever lead to intoxication when its effect is wanted to combat sepsis. Alcohol preparations, always taking small doses for granted, are good stomachics; that is, they aid you in digestion."

William Osler, M. D., LL. D., Regius Professor of Medicine, Oxford University, etc. The Principles and Practice of Medicine, 1906:

"In moderation, wine, beer and spirits may be taken throughout a long life without impairing the general health. I should be sorry to give up the use of alcohol in the severer forms of enteric fever and pneumonia. In tuberculosis the bitter tonics and the various malt preparations are often most satisfactory. The indications for alcohol are enfeebled digestion with fever and weak heart and rapid pulse. In the advanced stages, whisky and milk may be given with great advantage. The red wines are also beneficial in moderate quantities.

For the distressing night cough the spirits of chloroform given in whisky before going to bed is efficacious."

William Edward Fitch, M. D., Major Medical Reserve Corps, U. S. A., Attending Physicians to the Vanderbilt Clinic, etc., and Forty Contributors, in Dietotherapy, 1918:

"It is the opinion of careful students of the subject, that the moderate use of alcohol in health is harmless. It undoubtedly has a place in disease. It may be employed in fevers and wasting diseases, where by its oxidation, it limits the destruction of bodily tissues, reduces the temperature and stimulates the heart and circulation. There are reasons for the theory that alcohol actually increases the resisting power of the body to the poisonous toxins of septic fevers. In some chronic diseases, such as diabetes, alcohol is used advantageously to replace a certain amount of carbohydrate in the diet. The aromatic and bitter principles employed in beer are harmless when taken in moderation, and usually exert a tonic action on the stomach. They serve to stimulate

the appetite, invigorate the system, and so act as agents introducing into the body an increased supply of nutriment. It has been determined by exhaustive study of effects of malt liquors upon the digestive system, that, when containing the bitter principle of hops, they act as appetizers, aid digestion, and encourage sleep. These properties make them of value in certain forms of dyspepsia and debility, especially when induced by disease, overexertion, worry, neuralgia and the like. As a cardiac stimulant alcohol should always be given when heart failure is impending. Disappearance of the first sound always calls for the administration of alcohol. In cardiac failure accompanying acute disease, unlimited quantities of brandy are indicated. Alcohol is of great value for its stimulating effect upon the spirits in conditions of profound nervous exhaustion, where there is great nervous depression. It also produces remarkable soothing effects in muscular weakness. Alcohol taken moderately, immediately before or during meals, promotes the appetite and aids digestion, causes a subjective sensation of heat and slightly raises the body temperature. Wine has restorative action on those exhausted by fatigue, mental labor, insufficient food or long illness, and in various diseases, such as anemia, atony of the digestive organs, and general debility. Good champagne can be taken with impugnity by gouty and rheumatic patients, and is very serviceable in cases of acute illness where there is a tendency to heart failure, in obstinate vomiting and convalescence. It is a valuable remedy in fevers and other wasting diseases."

Charles Gilmore Kerley, M. D., Professor of Diseases of Children, New York Polyclinic School and Hospitals, etc. The Practice of Pediatrics, 1918:

"Alcohol is occasionally of great service in diseases of children. Under certain conditions it answers better than any other means of stimulation. Its use in my hands has been that of a food and a stimulant in grave conditions. It has been of much service in two conditions in which, in my opinion, nothing can replace it. I refer, first, to that time which may arise in any grave disease when the heart fails to respond to the usual stimulation. Alcohol given well diluted is usually well borne and assimulated. It supports the heart, improves the respiration, and often will carry the patient through to a successful convalescence even when the outlook is very unpromising. The second condition in which alcohol is useful is in cases with greatly lowered vitality resulting from some severe illness. If a child is suffering from shock, bordering on collapse, alcohol will do much to sustain him until he is able to assimilate easily digested food. The use of alcohol in moderate amounts in the form of malt liquors or wine will usually increase the fat in the mother's milk. I have frequently seen it advance 2 per cent. in from two to three days."

L. Emmett Holt, M. D., Sc. D., LL. D., Professor of Diseases of Children, College of Physicians and Surgeons, N. Y., etc., and John Howland, M. D., Professor of Pediatrics, Johns Hopkins University:

"Alcoholic stimulants are well tolerated, even by young children. With many women, the use of malted liquors, ale, beer, etc., increases the quantity of milk and the proportion of fat. Unless taken in large quantities by the mother, alcohol does not appear in her milk. There is little doubt that alcohol is at times of much benefit."

Arthur R. Cushny, M. D., LL. D., Professor of Pharmacology in the University of London, etc. Pharmacology and Therapeutics, 1918:

"Alcohol allays the anxiety and distress of the patient, promotes rest and sleep, and thus aids toward healing, or at the worst, renders illness more tolerable. Small quantities of other narcotics might be substituted for alcohol, but none of them perhaps excel it in producing that spirit of hopefuless and restful confidence which contributes so much to recovery. In sudden chill with a tendency to fever, alcohol is often of great benefit, especially when taken in the form of brandy or whisky, diluted with hot water. In chronic conditions of cachexia and loss of flesh in general, and during convalescence, alcoholic preparations are often advised, simply as foods, and in these cases, the ales, beers and porters are generally to be preferred to the others, as they contain other foodstuffs of value, in addition to the alcohol. Alcohol is of value as a mild hypnotic, a comparatively small quantity taken before retiring being often sufficient to secure quiet and refreshing sleep. Beer, or spirits and water is generally used for this purpose."

George Frederick Still, M. D., F. R. C. P., Physician for Diseases of Children, Kings' College Hospital, London, etc. Common Disorders and Diseases of Childhood, 1915:

"I think there are very few cases of broncho-pneumonia in infancy, in which al-

cohol is not advantageous at some period of the disease; in older children also, when the heart action is becoming enfeebled and the child is becoming exhausted, alcohol is most valuable. The value of alcohol in the early stage of severe diarrhea, when there is extreme exhaustion and collapse, is, I think, quite undeniable. Brandy in cold water, may be retained when all else is vomited, and act as a powerful stimulant to an infant. I think that an unbiased observer must admit that brandy is sometimes very valuable in the bad case of pneumonia."

Chalmers Watson, M. D., F. R. C. P. E., Assistant Physician, Royal Infirmary, Edinburgh, etc. Food and Feeding in Health and Disease, 1913:

"There is no question of the undoubted value of alcohol in the treatment of certain diseases, more especially in their critical states. In certain acute fevers such as pneumonia, diphtheria and the like, when the circulation is distinctly failing, the administration of alcohol is followed by a material improvement in the general condition of the patient. In weak elderly subjects with bronchitis or with chronic heart disease, a little whisky, brandy or dry champagne is of great value as a stimulant. It may have at the same time a sedative effect and promote sleep. Alcohol is sometimes of considerable value in cases of failure of the digestive power. A glass of beer or stout, given with one or two meals daily for a time, is occasionally of distinct value, acting as a bitter tonic, and at the same time supplying a relatively large amount of nutriment in fluid form. In protracted convalescence from some acute diseases, a glass of beer, a little whiskey, or a glass of wine taken with the chief meals, may improve the tone of the digestion, and accelerate the rate of recovery."

Robert Hutchison, M. D., F. R. C. P., Physician to the London Hospital, etc. The Principles of Dietetics, 1917:

"Bottled stout is an ideal soporific. I scarcely ever met a man who could withstand the soprific effects of bottle stout. It is far better than opium, and induces a more nearly natural sleep. Alcohol certainly spares fat and sometimes carbohydrates and yields heat and energy to the body. Of this fact there is no longer any doubt, and it at once entitles alcohol to rank as a food. (Quoting Matthew Arnold), Wine used in moderation seems to add to the agreeableness of life, and whatever adds to the agreeableness of life, adds to its resources and power. It is in conditions just short of health, however, in old age, overwork, and fatigue that the beneficial effects of alcohol become more marked. As regards the form in which alcohol should be used, beer seems to be the most natural for youth, wine in the middle life, whilst spirits may be reserved for the aged. In some chronic diseases, such as diabetes, alcohol is used as a real food to replace a certain amount of carbohydrates in the diet, whilst in others, it is chiefly its tonic influence on digestion which one seeks to obtain. Hippocrates recognized the value of wine in fever, and since his time it has been pretty generally employed. In some special diseases, such as malaria, erysipelas and septic poisoning, alcohol seems to increase the resisting power of the patient, and is almost always indicated on that account."

William Tibbles, M. D., LL. D., L. R. C. P., M. R. C. S., Medical Officer of Health, Fellow of the Royal Institute of Public Health, London, etc. Dietetics, or Food, in Health and Disease, 1914:

"Alcohol is primarily an appetizer. Convalescent, debilitated, or aged persons frequently eat more food when it is accompanied by a glass of beer, wine or diluted spirits. The value of such a beverage to those who need stimulation, is admitted by most scientific men. Alcohol is a rapid and trustworthy restorative. In many cases it is truly life preserving owing to its power to sustain cardiac and nervous energy. It may help a patient through the crisis of pneumonia or enteric fever by stimulating the flagging circulation, soothing the nervous system, producing sleep, enlivening the mind and encouraging the patient. Beer, ale and stout, by virtue of their taste, aromatic bitters and tonics, give a relish to food, increase appetite and promote the flow of saliva. They are useful to convalescents, those enfeebled by chronic diseases, and the aged. Claret is of value in all cases of debility, not merely as a stimulant, but as a genuine tonic and restorative. It is of value in anemia, general debility, overwork, enfeebled digestion, and similar ailments."

Hobart Amory Hare, M. D., B. Sc., Professor of Therapeutics and Materia Medica in the University of Pennsylvania. Practical Therapeutics, 1916:

"Clinical experience, too great to be ignored, stands for the continued employment of alcohol. The chief uses of the drug are as a rapidly acting equalizer of the circulation in all forms of circulatory failure due to shock or poisons, and as a systemic support in low fevers and pro-

longed wasting diseases, in old age, and in convalescence from acute diseases. In pneumonias, alcohol is useful, and particularly is this true when these affections occur in alcoholics. In exhausting fevers as typhus and typhoid, alcohol finds its true usefulness. Stout and porter are of value in wasting diseases, in convalescence from acute diseases, and for nursing women."

A. A. Brill, Ph. B., M. D., Lecturer on Abnormal Psychology, New York University. Miscellaneous Writings, 1918:

"Alcohol has an indisputable place in the human physiological and psychological economy. I know of no other drug which will replace it in certain conditions. In states of exhaustion, there is no other drug which can be used with more benefit and less danger than alcohol in proper dose. This fact alone would justify its continued use as a therapeutic agent. Beer, ale, and porter have served me well in cases of insomnia, where I hesitated to employ strong narcotics. They have also acted admirably in innumerable cases of general exhaustion, being mildly stimulating and possessing undoubted nourishing properties, and encouraging the taking of additional foods. In this way they are valuable therapeutic agents. Alcohol is an enormous social and psychological benefactor. By its proper use it has undoubtedly served as a safety valve for the masses by varying the monotony of life and thereby making it more bearable. Alcohol has thus probably kept more persons out of insane asylums than it ever brought to them."

Charles E. de M. Sajous, M. D., Professor of Therapeutics in the Temple University of Pennsylvania, etc. Analytical Cyclopedia of Practical Medicine, 1907:

"Malt liquors,—ale, stout and beer, contain diastase, which aids the digestion of starchy foods. They are especially tonic in effect. The older view is that alcohol is a valuable agent when judiciously employed, and that they are especially indicated as stimulants in cases of fatigue, in convalescence from acute diseases, in persons who live a sedentary life, or who suffer from poor digestion, and in others who are prostrated from acute illness. In all these cases a glass of wine or a little brandy diluted with water taken before or with the meal is thought to stimulate the digestive organs, and enable the patient to take more food."

Harvey W. Wiley, M. D., Ph. D., Washington, D. C. Foods and Their Adulteration, 1918:

"It is popularly believed in many countries where fermented beverages are commonly consumed that the addition of wine or beer to the diet of the mother, is beneficial in improving the quality of the milk, and also in sustaining the strength of the mother for her extra duties. The use of alcohol in moderate quantities does not give rise to the presence of any alcohol whatever in the milk. Hence there is no danger, usually, of administering alcohol to the child by giving it to the mother. It is doubtless true that the character of the mother's milk may be somewhat modified by the use of alcoholic beverages or alcoholic malt extracts. Experiments have shown that alcoholic beverages tend, perhaps, to increase the fat, and to a less extent, the protein. There are some cases of ill health in which the advice to drink fermented beverages has been followed with benefit, especially if the mother, before the birth of the child, has been in the habit of using a moderate amount of alcohol. In such cases perhaps, it is not advisable to prohibit entirely the use of these articles during the period of lactation."

George F. Butler, A. M., Ph. G., M. D., Professor of Therapeutics and of Preventive and Clinical Medicine, Chicago College of Medicine and Surgery, etc. Materia Medica, Pharmacology and Therapeutics, 1918:

"Atonic dypepsia and the weakened digestion attendant upon convalescence from acute diseases are generally benefited by some form of alcohol. When digestion becomes impaired as the result of physical or mental exhaustion, the drug serves a useful purpose. As a pure cardiac stimulant, alcohol is remarkably serviceable in syncope, asphyxia, exhausting hemorrhages, diphtheria, and collapse when death appears imminent. In certain stages of various acute disease, alcohol is one of the most potent and useful remedies. Small quantities of alcohol seem to exert a favorable action in functional impotence. Its sedative action renders alcohol valuable as a hypnotic. It is a very useful hypnotic in the delirium of the acute infectious diseases. The principal therapeutic use for alcohol, perhaps, is as a cardiac stimulant. In syncope, shock particularly, it is invaluable. In acute colds, alcohol may restore balance. As stomachics, claret, beer or ale are most useful in improving the appetite."

H. Edward Lewis, M. D., Editor of American Medicine, etc. Diet for the Sick, 1916:

"It is generally conceded that alcohol possesses food value, and when taken in a small quantity is completely oxidized in the system. Careful experiments seem to indicate that it retards waste by sparing the wear and tear of tissue proteids. Consequently its value in febrile conditions and acute wasting diseases is sometimes very great. In fevers it not only repairs the tissue waste, but also sustains the heart and nervous system, and aids in lowering the temperature. It is an available, convenient and rapidly acting against in heart failure. Small continued doses are often useful in chronic heart affections. It's stimulating properties are of service in pneumonia, typhoid fever, erysipelas, pueperal fever, and in nearly all acute diseases of elderly people and cachectics; in a word, wherever there is debility and tendencey to collapse. Ale, stout and porter have a special tonic effect. Alcohol has also proven useful in hemoptysis and uterine hemorrhage."

Paul Bartholow, A.B., M.D., Professor Emeritus of Materia Medica, General Therapeutics and Hygiene, Jefferson Medical College, Philadelphia, etc., Materia Medica and Therapeutics, 1906:

"Beer, ale and porter are much and justly esteemed as stomachic tonics and restoratives in chronic wasting diseases; for example, in convalescence from acute diseases and surgical injuries, in cases of profuse and protracted suppuration, prolonged lactation, diseases of the joints, scrofula, phthisis, etc. Pueperal mania, delirium tremens, and acute maniacal delirium, when co-existing with a condition of adynamia, are greatly benefited by the use of ale. The effect of this remedy is to arouse the appetite, to quiet delirium and produce sleep. Alcohol is especially serviceable in the feeble digestion of old people, the atonic dyspepsia of the sedentary, and in the slow and inefficient digestion of convalescence from acute diseases. Summer diarrhea, both of adult and children, may be arrested by a full dose of brandy. The vomiting of cholera morbus and cholera, may frequently be arrested by small doses of iced brandy. Other forms of vomiting can sometimes be relieved in the same manner. Alcohol in some form is constantly prescribed in low conditions in fevers, acute inflammations and depressed maladies of all kinds. Alcohol is a narcotic. It may be used to relieve pain, promote sleep, and to quiet delirum. As alcohol stops waste, promotes constructive metamorphosis by increasing the appetite and the digestive power, and favors the deposition of fat, is directly indicated in chronic wasting diseases, especially in phthisis. Clinical experience is in accord with physiological data. Alcohol is an important remedy in the various forms of pulmonary phthisis. In convalescence from acute diseases there can be no difference of opinion as to the great value of wine as a restorative."

John William Springthrope, M.A., M.D., M. R. C. P., Senior Physician to the Melbourne Australian Hospital, etc. Therapeutics, Dietetics and Hygiene, 1914:

"The constant search of all mankind has been after satisfaction. The only permanent way out of dissatisfaction is through removel of the cause, a course, however, which from inheritance or circumstances, is frequently impossible. The dissatisfaction may be subjective or objective, subtle or simple, recognized or unrecognized, it matters not which or why. But in the lack of knowledge, or the power or the inclination as to how to gain contentment and happiness, in this, the only lasting manner, resort is had to what experience has shown temporarily removes the numberless skin pricks, and gives a sense of well-being. It may be true that the amelioration is not genuine, still it satisfies while it lasts, and, though to the scientist, the paradise is a fool's one, still to the individual, it is not only real, but often also the only one attainable. It is this transforming stimulo-sedative action that seems to be the explanation and justification of its universal use. Philosophically, alcohol is the characteristic stimulo-sedative which seems to bring hapiness and promote satisfaction. And, in their practical dealing with human conditions, resort will continue to be had by brainy men and women to some such magician until the millenium appears in which all are satisfactory situated, all know what is best for them, all can promptly secure it, and all are prepared to do so. In addition to alcohol, beers contain sufficient extractives to give them food value, whilst the bitter narcotic principle of the hop, renders them sedative as well as hypnotic. They are therefore foods as well as beverages, and best suited for those who have to work hard for a living. Spirits are a little less than an alcohol of 50% strength, and one of the greatest dietetic reforms now in progress, is their replacement by light wines and lighter ales."

Samuel O. L. Potter, A.M., M.D., M.R. C.P., formerly Professor of the Principles and Practice of Medicine, in the Cooper Medical College of San Francisco, etc., and Elmer H. Funk, M.D., Associate in Medi-

cine, Jefferson Medical College, Philadelphia, etc. Therapeutics Materia Medica and Pharmacy, 1917:

"In anemia and chlorosis, good red wines are almost indispensable, also in convalescence from acute diseases, sudden hemorrhages and other morbid conditions. It is invaluable in poisoning by cardiac depressants and snake venom, and impending cardiac failure from any cause. It is an absolute necessity in the treatment of lobar pneumonia, if the patient has been accustomed to its use. In fevers, alcohol is often most serviceable. Its powers of supplying energy, of being itself oxidized in the body and acting as a food, of reducing body temperature and promoting respiration and sleep, are all indications for its beneficial employment in many febrile conditions, while its stimulant action on the heart, may be available in such diseases as typhoid fever and pneumonia. Some physicians agree with Mr. Lawson Tait, who declared himself fully persuaded, after 30 years of life as hard in work and as full of responsibility as well could be, that the moderate use of alcohol is a necessity in our modern life. Dr. Robert Farquharson, sums up the case for moderate drinking, as follows: 'All stimulant is unnecessary for the young and for people living perfectly healthy lives, but under the stress and struggle of modern civilization, few of us beyond middle age are placed under normal physiological conditions, and a little alcohol helps us around the corners and to plane away the asperities of existence. In turns it may be a stimulant, or a sedative, or a tonic, or a digestive, or an actual food; and, unless we run on into excess, no physical damage can be done to our tissues. The argument in its favor, when wisely and prudently used, seems complete. It does us good, and can do us no harm.'"

John V. Shoemaker, M.D., LL.D., Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine in the Medico-Chirurgical College of Philadelphia, etc.:

"To the action upon the digestive organs, and the stimulating effect upon the nervous system and the circulation, are to be ascribed the usefulness in the treatment of disease, of alcohol, judiciously given. In almost all cases it is intended to act as a restorative. Malt liquors, ale, beer, porter, etc., contain nutritive material with a small proportion of diastase, which makes them useful in certain forms of weak digestion. During convalescence from fevers, it is often found that malt liquor in some form increases appetite and digestion, improves nutrition, and enables the patient to sleep better. In phthisis, a tolerance seems to exist, and patients can take relatively large quantities of alcohol without showing the symptoms of intoxication. The late Austin Flint reported the case of a young woman who took a pint of whisky daily for nearly two years for pulmonary phthisis, and was finally cured. Persons who follow sedentary occupations and whose bodies are insufficiently nourished, often find much benefit from the use of alcohol in moderate quantities—with meals. Alcohol is in some measure antidotal to the poison of bacillus tuberculosis, and it is to this action that its unquestionable value in prolonging life in phthisis is due. Its antiseptic powers are useful in infectious dyspepsia, where digestion is stopped by the growth of micro-organisms, which set up excessive fermentation in the stomach and intestinal canal. Its acknowledged value in the zymotic diseases, and preemptly in diphtheria, is partly due to its antiseptic action in the alimentary tract. In similar manner, in cholera epidemics, alcohol has decided prophylactic effects.

John H. Musser Jr., B. S., M. D., Associate in Medicine in the University of Pennsylvania, etc., and Thomas C. Kelly, A. M., M. D., Instructor in Medicine in the University of Pennsylvania, etc. Practical Treatment, 1917:

"In diabetes, Theodore C. Janeway, says, 'With severe acidosis, whisky or brandy, well diluted, I believe to be of value.' In weakness of the heart muscle, small amounts of whisky or brandy or wine, may be advisable for the psychical effect to those accustomed to them. In collapse, the rapidity of the action of alcohol is a point much in its favor, as it may maintain life long enough to allow slower and more persistent stimulants to act. There is, I think, no rational doubt that small doses of alcohol are at times useful with those that are out of health, for their stimulating effect upon the appetite and upon digestion, and occasionally for their effect upon other functions. Beer, ale, stout and porter usually contain 4.5 to 5.5 of carbohydrate. Consequently, if the other constituents of these preparations do not disturb digestion, the total food intake can often be largely and pleasantly increased by their use. That the danger of inducing the alcohol habit has to be held in mind is self-evident and important, but with those preparations that contain only a small

amount of alcohol, this is unlikely with patients that have a reasonable amount of self control. According to Sir Clifford Allbutt, in chronic diseases of the heart, the fact that alcohol does act as a powerful cordial in heart failure is undeniable by anyone who has averted a faint by a glass of wine, or watched its effect upon certain feeble, irregular and rapid pulses. Alcohol certainly appears to be a potent temporary restorative. Within limits, it is useful also as a concentrated and readily absorbed food. In severe cases of cardiac oppression, physicians whose clinical experience deserves the greatest respect have relied on alcohol boldly during critical phases, pushing even to quantities of 10 ounces per diem. In grave toxic conditions, where the heart is suffering, there can be little doubt that alcohol is often a potent remedy. By all means, let the sufferer have anything that can assuage his miseries in reason. Let the brandy bottle be kept with the digitalis and the strychnine and the other medicines; with the meal a moderate glass of good claret, hock, or light sherry should suffice for cheerfulness. Beer is, perhaps, more advisable in heart disease. Quoting Lathan, 'Experience has shown that alcohol is of the greatest possible service in tuberculosis when fever is present. It saves the body protein, stimulates the appetite, and, in small doses, hastens gastric digestion. It favorably affects the night sweats and sleeplessness. When solid food cannot be taken, alcohol is our sheet anchor.' "

W. Gilman Thompson, M. D., Professor of Clinical Medicine in the Cornell University Medical College, etc. Practical Dietetics, 1906:

"There are a number of diseases in which the temporary use of alcohol is of positive service, and there are a number of cases in which it becomes a necessity in order to prolong life. In many cases of malnutrition and malassimilation of food, alcohol is itself a food, and its consumption under proper direction results in an increase of body weight, and improvement of functional activity. These results are accomplished in part through the action of alcohol as a definite food, and in part through its remarkable effect in force production. The latter is due to its own direct combustion, by which in chronic diseases, and in critical acute and exhausting affections, it spares the tissue of the body. Alcohol is a most helpful food and stimulant in emergencies when other food cannot be had, or when the body is temporarily endangered from acute disease and the higher rate of combustion in fever, or from failure to assimilate other nourishment. To offset the numerous cases of fatal alcoholism, and the still larger number of cases of diseases which would not presumably be fatal without the existing condition of chronic alcoholic poisoning of the system, are very many cases, among both infants and adults, in which life is undoubtedly saved by the prompt resort to this food and stimulant, and its energetic use. So long as man is exposed to hardships and conditions arising from improper and deficient food supply, as well as to the numerous infectious diseases to which he is heir, alcohol must still be regarded rather as a blessing than a curse, for there is no form of food and stimulant combined, or stimulant alone, which, taken all in all, can be so completely relied upon in cases of emergency. Alcohol when taken alone, will prolong life beyond the period at which it would terminate from starvation. Whatever controversy still exists over the physiological effects of alcohol as a food, it is still undeniable, that in some cases of disease, it is clinically indispensable. Alcohol in some persons though not in all, is a very strong diuretic. In many cases beer possesses a diuretic action which indicates a special stimulating effect upon the total quantity of urine excreted, beyond that produced by a similar amount of water. The value of alcohol in the treatment of fevers is now universally recognized. Alcohol can undoubtedly be given the first place among the cardiac stimulants. When needed as a tonic, alcohol should be given either immediately before or in connection with meals. When porter, ale or stout do not derange the stomach, they may be advantageously used by those who suffer from exhausting discharges, or by women weakened by prolonged suckling. If there is no tendency to flatulent dyspepsia, beer may sometimes be used with advantage in fever cases, when it will slake the thirst which is not quenched by other drinks. The sugar of beer is fattening, and the bitter matter is more or less of a stomachic tonic. Hop extracts possess a narcotic influence, and hence beer may give rise to drowsiness."

Norman Kerr, M. D., London. Diseases of Inebriety:

"To the question 'ought we ever to prescribe intoxicating drinks?' I unhesitatingly reply 'Yes.' How anyone can deny that they have been useful and have saved life, I am at a loss to understand. Yet, after

every reasonable allowance for fallacies, there seems to me to be proof as clear as we can expect to find of the value of any drugs, of unmistakable benefit derived from an intoxicating draught wisely ordered. Even in cases where an intoxicant seemed utterly inadvisable, I have known good results from such a prescription."

THE HUMAN SIDE OF NATIONAL RECONSTRUCTION.*

By DAVID E. ENGLISH, M. D.,
Summit, N. J.

The great war is over, actual fighting has ceased. The time has come when we must reckon up its effects for good and for evil, and try to strike a balance. The effect on the world at large will doubtless be for good in spite of the terrible price the world has had to pay. Considering our own nation only, what are our profits and losses? I do not mean by that that we should not consider other nations also, for that would be selfish; and never again can the United States afford to be selfish. We have learned economy and self-denial, and from being the most wasteful nation in the world, we have become one of the most frugal. We have learned the joy of giving, giving until it hurt. We love our country and our form of government more than we did before. American principles of democracy and self-government have been popularized throughout the world. We have proved that a great nation can fight for principles, and not for greed only, and have at the same time kept from our shores a really serious menace. What has been the cost?

It has cost us many billions of dollars, so many that the figures stagger human intellect. And yet that is a small matter. By a little economy and self-denial, by refusing to purchase things that have to be imported from abroad, and by using as little as possible of those things that can be sold abroad, we can soon replace our money loss. We have lost seventy-five thousand of our finest young men—those who were most nearly perfect mentally and physically. This is a loss we cannot replace. We cannot restore the only son to his widowed mother, nor the lost bridegroom to the arms of his bride. This is a heartbreak that cannot be healed. The best we can do is to raise up other young men to take their places. This takes a quarter of a century, and the problem must be considered scientifically and systematically.

In order to keep a nation up to the proper mark in man-power, there must be a high birth-rate and a low death-rate. Germany recognized this fact forty years ago, and acted on it. with the result that although she was a comparatively small country in area, it took nearly all of the rest of the world to give her a well-deserved thrashing. If France and England had recognized the same thing in time, they would have had over a million more men to put into the field, and America would not have had to help them.

Our deficiency in real American manpower is not yet conspicuous because of our vast alien population, but it is more real than apparent. Suppose, on account of troubles abroad, all of our foreign-born people, with their children, should go back to their native lands, how much of a world power would we be? Old American stock refuses to breed. A family comes here from Europe or Asia; the next generation has many children; the next generation fewer children; the third, fewer still; the fourth, one child; the fifth, none. This is the history of thousands of families. The consequence is, the spirit and the blood of the first European settlers of our country has about disappeared. Almost we might say the inhabitants of the United States are a mass of mixed foreigners who have not been here long enough to become acclimated, and indigenous to the soil.

As a nation we are constantly and rapidly changing our human stock, our habits of thought, and our morals; more rapidly than any other nation. Whether these changes are for the better or for the worse, I will leave someone else to decide. Personally, I think something should be done to preserve the older strains of humanity in our land, and not to let them be so constantly absorbed and submerged by a flood of immigrants. Otherwise, how can we have any national ideals, any national music, or art, or folk lore, or any spirit of solidarity? The only way to do this is to keep the old stock breeding, and to keep its children from dying. The more intelligent and the more wealthy of our people refuse to have any children, or not more than one, or two. There are, of course, a few notable and praiseworthy exceptions to this rule, but they are too few to change the rule. For a married couple to have only two children,

*Read at the 10th annual meeting of the New Jersey State Pediatric Society, held at Spring Lake, N. J., June 23, 1919.

does not increase the population any; it only prevents actual decrease. The reason behind this refusal to breed is simply selfishness. The husband does not wish to incur the expenses of rearing a large family; he would have to do without some of his customary comforts and amusements. Or he does not wish his fortune to be divided among so many heirs, fearing there will not be enough to make each one independently rich. Or he wishes to avoid the moral responsibilities incident to a large family. The wife does not wish the pains and restrictions connected with the rearing of a large family. They interfere with her pleasures and combat her social ambitions, and prevent her from taking that part in society life that she aspires to. So the husband and wife enter into a conspiracy to have no children, or no more children than they have already. This desired state of affairs is not brought about by practicing self denial, for self denial is sadly out of fashion. It is brought about by preventing conception in the majority of cases. This evil is more prevalent than I should like to state. Every family physician knows how common it is, and some physicians, I fear, instruct their patients in the ways of accomplishing it. There is no way of preventing conception that is not harmful to both parties concerned. If it does not cause obvious physical harm, it destroys the moral sense, and degrades the spiritual life of those who practice it. It is an insult to Nature, and Nature resents such insults, and enforces a penalty. All physicians should discourage such practices and advise against them.

In many other cases the absence of children, or the limiting of the progeny to one child, is the result of gonorrhœa. The young man marries thinking he is cured, when he is not cured. He soon infects his wife, and if she bears him one child he is fortunate, for she soon becomes the victim of pus tubes. Gonorrhœa in the male is not always perfectly cured even by prolonged, expert treatment, and if carelessly treated is practically never entirely cured. It can be prevented by living a virtuous life, but this again is somewhat out of fashion, though I believe it is becoming more common than it was twenty or more years ago. There are other means of preventing gonorrhœa, but as they do not require virtue, or self denial, we will not discuss them now. General practitioners should refer all cases of gonorrhœa to experts, or specialists in that line.

Another reason for the lack of children in the older American families is the refusal of the young people to marry, or the putting off of marriage until youth is long past. The young man thinks he cannot marry and have children on his present income, and continue to live in the way he is living now. He is not willing to sacrifice any of his comforts and luxuries for the trials and responsibilities of married life. The young woman argues that she is free and independent, has more pin money, and can have more fun single than married. The modern American girl seems lacking in maternal instinct, she is too artificial. If she marries she does so for the sake of having a home, or for a better position in society, not for love, nor for the sake of having children. It is hard to convince these young people that they would be far happier as parents than they are now, so they put off marriage until what might have been the happiest period of their lives is gone forever. Young parents have better offspring than older parents, and early marriage should be advised and encouraged by the family physician and the parents of young people. The foreigners that come here to live get ahead of us in this respect, and threaten to entirely submerge the older American stock.

The conservation of infants and children should occupy a prominent place in the programme of National Reconstruction. This begins before the birth of the infant, and I am glad to note that pre-natal care is now receiving more attention than formerly. But this is a field of endeavor in which much more work can be done with profit. Infant mortality, also, has been greatly reduced in the last few years, especially among the poorer and more ignorant classes. The reduction has not been so great among the richer and more intelligent classes, partly because the death rate among them was not so high as among the poor, and partly because they were not supposed to need instruction. Is it not time the wealthier parents were taught how to keep their infants and children from dying? Is it only the poor and ignorant that need this instruction? The babies of the rich have their perils, as well as those of the poor, and some of these perils are due to the wealth of the parents. The most common of them are: first, the refusal of the mothers to nurse their infants; second, too frequent feeding and with unnatural food; and, third, overdressing. The greatest disaster that can befall an infant, short of

death itself, is refusal or inability of its mother to nurse it. This is the greatest possible handicap an infant can have in its struggle for existence.

Refusal of a mother to nurse her baby when she is able to do so and has good milk, should be considered a crime against the commonwealth, and should be punishable as such. Even if a mother has only a little milk, not enough to satisfy the needs of her baby, that little should be given first to the infant every time it is fed, to be followed immediately by the artificial food, so that the two may be mixed in the infant's stomach. This will supply some of the natural ferments and enzymes to the whole feeding, and make digestion and assimilation easier and more thorough. Nursing her baby should be a real pleasure to the mother, and when it is not, something is wrong, something is unnatural.

Too frequent feeding, however, is a great evil. Also regular feeding under nine months of age. To nurse an infant every time it cries, and then just enough to stop its crying, is unnatural and harmful to both the mother and the baby. To expect an infant to always digest a meal and be ready for another in exactly the same time is, also, unnatural and illogical. *An infant cannot always digest the same amount of the same kind of food in the same number of minutes.* But it is easy to get an infant into a habit of regular feeding, so that it will demand more food at the end of the usual interval, when it does not need it. That is, before all of the last feeding has left the stomach, and that much abused organ has had time to rest and contract. This residual food in the stomach is often fermenting, and will start quick fermentation in the new supply, causing gaseous indigestion, sleeplessness and irritability.

Babies should be fed only when they are hungry. It is unnatural and illogical to feed an infant when it is not hungry, and not actually in need of food. When a baby is fed it should be given all it can be induced to take. There is no danger of overdistending its stomach. Chronic dilatation of the stomach comes from too frequent feeding, not from giving too much at one feeding. When the infant has taken all it can be induced to take, it should be laid aside and not fed again until it has had ample time to digest its meal, and the stomach has had time to get entirely empty, and to contract and rest. The next feeding should be put off as long as possible. The baby should be given water, and fresh air, and should be soothed and coddled, and finally allowed to worry and cry for a reasonable time before it is fed again. It makes no difference how many hours it is. A baby that is improperly fed is not likely to make a man who will pass the examination for the army or navy, if, indeed, it ever succeeds in growing up at all.

The third peril to the infant, especially to the infant of the wealthy, is overdressing. The babe seems so small and tender to the mother or nurse that they think it must be very warmly wrapped or "it will surely catch its death of cold." As a matter of fact the baby can stand more cold and exposure, after the first week, than either the mother or the nurse. There are anatomical and physiological reasons for this. The infant's heart is larger in proportion to its weight and size than is the adult's heart, and it beats faster and stronger. The infant has more blood, relatively speaking, than the adult, and its blood moves faster. It has more blood-vessels, they are more elastic, and they do not contract with cold as readily as those of the adult. In short, the infant is specially constructed to resist cold, and can do so unless it has been softened and weakened by being overdressed. A baby should never perspire from clothing alone. Carlyle says, "Man, by nature, is not a clothed animal." These facts should be impressed on the minds of mothers and nurses, of both the rich and the poor, if we expect to raise soldiers.

Of course these are not the only perils to consider in our fight to conserve the baby, but they are the most common and conspicuous ones, and all that we have time to consider now.

Let us, then, raise up more American men and American women, with American minds and American bodies, filled with American ideals and American patriotism, for the glory and the defense of our beloved country.

Relation Between Tonsillar Infection and Recurrent Vomiting.

Dr. Rood Taylor, in Minnesota Medicine, reports the following:

In forty-seven cases of recurrent vomiting in children, there were forty cases in which there was evidence of tonsillar or adenoid disease. In six of the twenty-four patients whose tonsils and adenoids were removed, no further information could be secured. One of the remaining eighteen patients is unimproved. Five are very much improved, and twelve have had no attacks since operation, this period varying from seven months to six years.

ARSPHENAMINE (SALVARSAN)*

REACTIONS FOLLOWING ITS USE.

By Benjamin Gutmann, M. D.,
New Brunswick, N. J.

Arsphenamine is a yellowish powder, strongly acid in reaction, when dissolved in water, and contains about one-third, by weight, of arsenic. It was introduced, after long experiment, by Prof. Erlich in 1910. It was quickly recognized as a remedy of pronounced therapeutic value, especially in syphilis and is, without doubt, the strongest instrument we possess in dealing with the spirochaete causing this disease. There are, however, at present, experiments being made with so-called Silver-salvarsan, combination of colloidal silver and arsphenamine, so described by Dr. Delbaneo in the "Deutsche Medizinische Wochenschrift" and abstracted in the Journal of the American Medical Association, for which is claimed greater efficiency, at the same time a lowered toxicity, because of the smaller amount of arsphenamine required by combining the two.

When arsphenamine was first introduced there was great confusion as to the method of administration, the dosage, and the frequency with which the treatment should be repeated, etc. With the progress of time and greater familiarity with its qualities, fairly definite working rules for the average case of syphilis were evolved. There still exists, however, considerable differences of opinion on many of these points.

The generally accepted rule as to dose at present is one decigram of the drug to each 30 lbs. of body weight, in individuals of ordinary weight, beginning with one-half this dose, a series of six doses being given at intervals of from five to seven days. Mercury salicylate, or some similar preparation, is alternated with the arsphenamine and continued until ten doses are given. Reliance is not placed in arsphenamine alone. If the Wassermann reaction is found to be positive six weeks after conclusion of the treatment, the whole course is repeated.

We are concerned with the various reactions following its administration. In considering this side many things must be taken into account.

First, the drug itself. A drug, the dose of which averages perhaps five decigrams, and which contains one-third by weight of arsenic, must be considered potent of itself to produce toxic symptoms at times. Furthermore, anyone who has used much arsphenamine will have been impressed with the variations of different preparations of the drug, and of different series of the same manufacture, in the symptoms following its use. This can only be due either to variations in its preparation or the presence of impurities, although all arsphenamine is supposed to be tested biologically for toxicity before it is put on the market. Second, the preparation of the solution; failure to use freshly distilled water and faulty neutralization of the solution, or making the solution too alkaline, may be causes for unpleasant reactions following its administration. The fact that unneutralized solutions have been given without harm, does not disprove this fact.

Third, concentration of solution and rapidity with which they are given; considerable variation of opinion exists as to the quantity of water to be used in making the transfusion. It ranges from 20 to 80 c.c. of water for each decigram of the drug. It being thought that too strong concentrations may account for severe reactions. I have used dilutions of one decigram to 40 c.c. and even stronger, with no special symptoms. Too strong solutions may also cause phlebitis, with occlusion of the vein. The temperature of the solution, by reason of its being too hot or too cold, may also be a factor. Too rapid administration of such a powerful remedy may produce trouble, and has, in my experience, been the cause of severe reactions. Therefore, the use of a needle of too large calibre with the temptation to get the job over quickly should be guarded against.

Fourth, the personal factor: that different individuals under practically the same conditions react differently to the same quantities of any certain drug is a well-known fact, and a drug so powerful as arsphenamine should be no exception to the rule. Also, the condition of the general health, and the capacity from one cause or another of the various organs, such as the kidneys, liver, heart and nervous system to deal with such a remedy may vary in different persons and explain differences in reactions. Further, because of differences in nervous make-up and in temperament, there is a difference in the response to any operation or manipulation, or perhaps error in technique, in different individuals.

Fifth, various theories are advanced to explain some reactive phenomena; Neisser

*Read at a meeting of the Medical Section of Rutgers' Club, New Brunswick, May 16, 1919.

thought the febrile ractions following the administration of the drug due to the liberation of endotoxins caused by massive destruction of spirochaetes. Wassermann advanced the theory that water impurities, chiefly bacterial proteins, accounted for febrile and gastro-intestinal symptoms. Others thought that many symptoms could be attributed to absorption of broken down cell products.

So it can be seen that there is variety of opinion, and perhaps a variety of causes, to explain the phenomena, following the use of this preparation. It seems certain that they cannot be produced by any single cause. The vast majority of treatments are given with no reaction whatever.

Reactions may be classed as mild or severe, and early or late. Vaso-motor disturbance is one of the commonest reactions after arsphenamine and may appear while the patient is on the table. The symptoms may consist simply of flushing of the face, profuse sweats and disturbance of the pulse, or, they may be more severe, the lips and eyes may become swollen, with nausea and vomiting associated. The patient may appear to be in collapse, but recovery is the rule. This type of reaction is thought to be due to an acute poisoning from impurities in the drug. Caution should be observed that all these symptoms have disappeared before a subsequent dose be given, and the dose should be decreased. Adrenalin solution in doses from 1 to 2 c.c. in those cases showing rapid pulse and difficulty in breathing, is an effective remedy.

Another very common reaction is malaise with nausea and vomiting, often with chilly sensations or severe rigors associated. These symptoms appear a few hours after the drug is given and usually disappear without any special treatment. Febrile reactions are not all uncommon, the temperature usually ranging from 101° to 104° F., although in some cases it may reach considerably higher, as in one of mine, following the first transfusion of O, 5 salvarsan, the temperature reached 108°F. and fell slowly after a period of several days. The febrile symptoms are usually accompanied by headache, pain in back and legs, sometimes vomiting and diarrhea and occasionally urticaria or erythema. Sometimes albumen and casts appear in the urine. The treatment is rest in bed, liquid diet, salicylates for pain and no more arsphenamine until the symptoms have definitely disappeared, and then in smaller dose.

Various eruptions have been described as appearing after arsphenamine, they may be urticarial, scarlatiniform or morbiliform in character. Most of these are temporary and disappear promptly. Scarlatiniform eruptions, when associated with evidence of kidney irritation is an indication that the drug should be stopped until these symptoms have definitely disappeared, and its further use guarded.

Among the serious late manifestations are those which come on several days after administration of the drug and consist chiefly of brain manifestations, in which there may be headache, vomiting, muscles twitching, epileptiform convulsions, dilatation of the pupils, coma and death. These symptoms are due to an oedema of the brain or to haemorrhagic encephalitis. According to Meirowsky and Kretzmer, quoted by Dr. Schomberg in Medical Clinics of North America, of 109 recorded fatalities after salvarsan, 49% occurred in the secondary period and 29% in the late period of nerve syphilis. Three-fifths of the fatalities in the secondary period resulted from encephalitis, and in 45% of these cases, the dose of the drug exceeded 0.5 grms. The size of the dose and the frequency of injection seeming to have a direct bearing on the occurrence of encephalitis.

Jaundice is another late result of arsphenamine and is generally accompanied by moderate fever. It usually terminates favorably, but some cases have been fatal in which autopsy showed findings, as of acute yellow atrophy of the liver.

Any lowering of the general health following the administration of arsphenamine, in contrast to the usual improvement which follows its use, calls for immediate discontinuance of the treatment and a search for the reason in the patient's general condition, with appropriate correction when possible. Evidence of persistent nephritis occurring during arsphenamine treatment demands immediate cessation of treatment until all evidence of the trouble has disappeared.

The Herxheimer reaction. When important structures, such as the aortic arch and cerebral blood vessels, etc., are the seat of syphilitic processes, the activity in such process produced by the effect of asphenamine sometimes result in serious consequences such as hemiplegias, rupture of aneurisms, etc. When lesions of this character are suspected it is best to begin treatment with mercury and the iodides, followed cautiously by arsphenamine in small doses.

Medical Societies' Reports.

CAMDEN COUNTY.

The Camden County Medical Society held its regular meetings during the year, except the October meeting, which was omitted because of the influenza epidemic. The election of officers took place at the December meeting. The February meeting was observed as the annual social meeting, with our wives and sweethearts present. Dr. English, editor of the State Society Journal, was present and after a splendid musical entertainment vocal and instrumental, we enjoyed a most excellent banquet with inspiring talks by Dr. English, Capt. Fred W. Marcy, just returned from France, and others.

The May meeting was held at Keigler's on the Delaware, where Dr. W. J. Chandler, secetary of our State Society, was present as a guest and favored us with an excellent speech. Planked shad was served and games were greatly enjoyed by the "boys."

(This was really the annual report sent to the Committee on Scientific Work and was received by the editor too late for earlier invention).

CUMBERLAND COUNTY.

Elton S. Corson, M. D., Reporter.

The society was entertained by Dr. Madelein E. Hallowell, Superintendent of the State Home for Feeble-Minded Women, at Vineland, N. J., July 22. The severe attack of influenza experienced by her has not abated her old time zest and ability as a hostess. The deluge of rain prevented a large attendance, but it is to be regretted that so few attended these meetings at the Home.

The president, Dr. Louis J. Kauffman, being absent, Dr. A. G. Sheppard was chosen chairman pro tem. Dr. Walt P. Conaway, of Atlantic City, recently elected Councilor for the District, was present and addressed the society on matters of general interest, especially emphasizing the fact that sufficient fees should be charged to compensate the doctor for the time and knowledge expended.

The main feature of the meeting was the reports of the members present who had been in the Army Medical Service. Dr. E. S. Corson spoke on absenteeism in the army in connection with his work in New York City; Dr. A. G. Sheppard spoke of his experienc in the Eye and Ear Clinic at Camp Johnson, Florida; Dr. S. T. Day traced his work at Fort Oglethorpe, Ga., Camp Merritt, N. J., and overseas in the base hospital; Dr. C. M. Gray referred to his work at Camp Dix, N. J.

The committee appointed at the October 1918 meeting to prepare a program for the celebration of the Centenary of the Society, was requested to prepare a program for its observance in October of this year. After adjournment, Dr. Hallowell invited the society to an exhibition in the gymnasium. The luncheon which followed was superb in every respect.

New Jersey State Pediatric Society.

Roy Whitenack, M. D., Secretary.

The ninth annual meeting of the New Jersey State Pediatric Society was held at the New Monmouth, Spring Lake, on June 23, under the presidency of Dr. D. J. Milton Miller of Atlantic City.

The program presented was interesting and instructive, and was listened to by an audience of about fifty people. Dr. John C. Baldwin of Baltimore read a paper on "Child Welfare Work in France, where for some time he had charge of this work in the Department of the Somme. His remarks were well supplemented by Dr. A. G. Mitchell of Philadelphia, who did similar work in Neuf Chateau. Dr. Julius Levy of Newark read a paper on the "Pediatrist's Relation to After-War Work and Reconstruction; Dr. D. E. English of Summit a characteristic one on "The Human Side of Reconstruction"; Dr. Arthur Stern of Elizabeth on "Rheumatism in Children." Of all these papers there were free and interesting discussions.

The following officers were elected to serve during 1919 and 1920: President, Dr. Julius Levy of Newark; vice-president, Dr. Arthur Stern of Elizabeth; secretary, Dr. Roy Whitenack of Newark; treasurer, Dr. Eugene W. Murray of Newark.

The New Jersey State Pediatric Society was founded by the late Dr. Henry L. Coit. Its mission, that of furthering interest in and promoting the welfare of infants and children, is one that should appeal to every physician, especially to the general practitioner. It is hoped that this important and valuable work will be furthered by a larger and active membership in the future.

(Dr. D. E. English's paper appears elsewhere in this Journal. We hope to give Dr. Baldwin's, just received, next month.—Editor.)

American Surgical Association.

At the annual meeting of the American Surgical Association held at Atlantic City, N. J., June 16 to 18, under the presidency of Dr. Lewis S. Pilcher, Brooklyn, the following officers were elected: President, Dr. George E. Brewer, New York; vice-presidents, Drs. John Fairbairn Binnie, Kansas City, Mo., and Alexis Carrel, New York; secretary, Dr. John H. Gibbon, Philadelphia; treasurer, Dr. Charles Howard Peck, New York; recorder, John H. Jopson, Philadelphia, and councilor, Dr. Lewis S. Pilcher, Brooklyn. St. Louis was selected as the next place of meeting.

American Association of Orificial Surgeons.

The 32nd annual convention of this association will be held September 15-17, at the Congress Hotel, Chicago, Ill. The forenoons will be given to operative demonstrations at the hospital. An excellent practical program is promised.

N. J. Society of Medical War Veterans.

A New Jersey society of Medical Veterans of the World War was organized at Spring Lake, June 27. Dr. Henry B. Costill, Trenton, medical aid to the governor in selective service work, was chosen president; Dr. W. Blair Stewart, Atlantic City, secretary and treasurer; and Drs. John C. McCoy, Paterson; Alexander Marcy Jr., Riverton, and Britton D. Evans, Morris Plains, vice presidents. There are 2,028 physicians eligible for membership out of 3,100 in the State, as follows: 814 from the Army, 28 from the Navy and 1,164 form selective service boards.

Miscellaneous Items.

Home for New York Infirm Physicians.

Justice Ford of New York recently approved of the certificate of incorporation of the Physicians' Home, of which some of the leading medical men of New York are incorporators. The purpose of the organization is to create and maintain a home for aged or infirm physicians and their wives or widows, or to assist them in any other way found feasible.

Physician Loses Suit.—A suit directed by Dr. Ben Friedman of Memphis, against the Tennessee State Board of Medical Examiners, based on the allegation that his license was maliciously revoked, was recently dismissed by the court. Reports indicate that the board revoked his license about a year ago on charges that Friedman had violated the Harrison Narcotic Law.

Dr. J. Mitchell Reese, Phillipsburg, has been appointed acting assistant surgeon, U. S. Public Health Service, Bureau of War Risk Insurance. He will examine and treat service men who apply for compensation or vocational training, in Warren County.

Conference of Women Physicians.

Women physicians will gather in New York beginning September 15th for a six weeks' international conference under the auspices of the Social Morality Committee, War Work Council, of the National Board of the Young Women's Christian Association. Social problems affecting women throughout the world will be studied, and representative non-medical women will be invited to join the group. The conference will be divided into three divisions: Health, the psychological aspects of the sex question, and legislative measures as they reflect the present status of sex morality. To date thirty prominent women physicians from all parts of the world are reported to have accepted invitations to be present.

Medical Movies.

Mr. W. C. Dreher, Berlin Correspondent of The Tribune, N. Y. City, says:

German medical men have begun to use the film for purposes of instruction and have got results which they claim, will insure its permanent use in teaching physiological, pathological and clinical processes. A company at Berlin is making a specialty of such films and has established an institution with all necessary appliances for making them. Among other things it has special apparatus for making microscopic and x-ray films. In order to make these films more effective as means of instruction it is possible, in displaying them, to stop the reel at any point so as to examine the course of an operation or process with greater care. Or, again, the picture can be reeled off at a very slow rate, so that processes that complete themselves within a few seconds can be drawn out to several minutes. When it is mentioned that the concern takes, with one of its machines, four hundred distinct views in one second it can easily be seen how much can be gained in studying operations and processes by using a reel that can be stopped or slowed up at pleasure.

An exhibition of the new films has just been given at Berlin, at which medical men were able to see exactly how they will assist and facilitate the study of medicine. The display facilitate the study of medicine. The display included bacteriological, pharmacological, physiological, pathological, and even obstetrical subject. The German medical journals have quickly recognized the advantages of the film method of instruction over the laboratory and the clinical method. One authority puts the matter thus: "With the film the student sees more, sees it better, sees it more rapidly. What the individual sees through the microscope by hard effort, or tries to see, can be displayed through the film to many at once. It is not necessary to make preparations for an experiment, and a failure is impossible. Disease processes that develop through a long time can be perfectly displayed within a few minutes, and unusual diseases can be studied at any time in the smallest medical college. In short, the medical uses of the film are almost unlimited."

Absence of Cancer in the Artic Regions.

It is reported by Dr. H. C. Ross in the Lancet on the authority of Vilhjalmur Stefansson, the Arctic explorer, who has returned recently from an expedition to the Far North that cancer does not exist among the Esquimaux. Moreover, Ross has been told also by Sir William MacGregor, Dr. W. T. Grenfell, Mr. Frank Benzley, and Rear Admiral Peary that they had never seen a case of cancer among the native tribes of the Far North. If it may be assumed that cancer is absent from the Arctic regions, and the assumption seems justifiable, the fact, Ross says, gives rise to some interesting reflections. In the first instance, the Esquimaux are perhaps the most carnivorous race of human being in the world, and consume few vegetables; therefore, the non-existence of cancer among them would appear to weaken one of the dietetic theories of the cause of this disease. There seems to be no racial or physiological difference which would exempt the Esquimaux from cancer, and, in addition, the observations of Panum, fifty years or so ago, that cancer was either extremely rare or did not exist in Iceland or Greenland, in the settlements peopled by Europeans, would imply that race does not enter into the question. Consequently, as Ross points out, the climatic explanation is the most plausible, and this tends to revive the parasitic theory of origin. The cold in the Arctic regions is too intense for saprophytic organisms to live, and diseases conveyed by aerial convection, such as "colds," are unknown. Ross is of the opinion that cancer may come in a similar category, and that its cause is an organism which invades the body from without which is air-borne in part of its life history, and which therefore cannot exist in the Arctic climate. If it should prove to be a definite fact that the Far North is free from cancer, then the search for a satisfactory explanation of this fact will be interesting.—Medical Record.

Members will please return promptly proof sent them for correction in order not to delay date of Journal's issue.

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Each member of the State Society is entitled to receive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—
All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to The Editor.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal are sent direct to The Chairman of the Publication Committee.

The delay in receiving orations and papers read at the annual meeting of our State Society, and the discussions on them, has compelled us at a late date to insert in this issue of the Journal other original articles, not intended for this month's Journal. We hope, hereafter, to give in as regular order as circumstances will permit, the orations, addresses and other papers read at the General Sessions of the Society.

JUMPING AT CONCLUSIONS.

We are living in strenuous times. The great world war has come to a close, thank God, and we as Americans have cause to be thankful that our armies helped to end it, and that the medical profession is receiving its just need of praise for the splendid part it played in the conflict. But other wars are on and we write to suggest and urge that the medical profession shall act in as able and creditable a manner in these new conflicts as in the recent war. The warfare against alcohol seems to have been settled by constitutional amendment, and if the results shall be the lessening of crime, the saving and blessing of homes and home life and the promotion generally of physical, mental and moral health, it is well.

General Leonard Wood is responsible for the statement that about "eighty per cent. of the vice diseases are traceable to the use of alcohol." For this and other reasons, the alcoholic question seems to fall under the classification of Public Health Problems. It is the opinion of the President of the American Medical Association, Dr. Arthur D. Bevan, that "the greatest simple factor that we can control in the interests of the Public Health of the nation, would be the elimination of alcoholic drink." Dr. Charles Mayo, retiring president of the American Congress of Surgeons, has expressed himself as holding to a like belief.

Let us as scientific physicians think wisely and accurately in dealing with this and the other wars that threaten us. We suggest and urge this after reading in a Health Journal editorial these words: "Now that prohibition is so nearly an accomplished fact, the tobacco poison dispensers, the tea and coffee mongers, and the peddlers of various other sorts of deadly dope are preparing for a great expansion of their various nefarious activities," etc. These are strong words. We defer comment on them for a season of careful thought, rather than "jump at conclusions" that might later prove to be unfounded or false.

OUR PROFESSION'S FUTURE.

As the Journal goes to press this month the editor is deeply impressed, and would have all our readers impressed, with the gravity of the conditions that face our profession these post-bellum days of readjustment, reorganization and rehabilitation, and of the necessity of constant study and deliberate and wise action that shall make possible a future that will equal and even excel the splendid record of the past. Of the profession's recent war record we need only to refer to the testimony of Generals Foch and Pershing and the enconiums of the religious and secular press. As medical men we appreicate the honors they have paid us and recognize the fact that our New Jersey members have earned their share of it. But the war has brought new conditions and problems in the industrial and social life of the people that must be met and solved. The medical profession we believe will—as always in the past—endeavor to do its full share in solving those that relate to preventive and curative medicine and in all other matters that have the welfare of the State and humanity as their aim and object.

Our State Society, as will be seen elsewhere, has offered two prizes of $500 each for essays on Group Medicine and State Medicine, two subjects that call for most

careful study and action, but these essays will not be published till nearly a year hence. In the interim immediate, active and persistent effort should be made to secure the thorough organization of the profession in this State, and especially to put new life and efficiency in our county medical societies, both in their business and scientific work, as these societies have suffered during the past two years because of the absence of many members who have been in war service and the resultant overwork of those who have remained in the home field. The committee appointed by the State Society at the recent annual meeting to consider and act upon the recommendations contained in President Harvey's address will confer with the county societies in this and other matters concerning the profession's future. The heartiest co-operation of every member of every county society with the committee will inspire a spirit of optimism that will insure for our Society and our profession generally a future of which all will be justly proud.

The above editorial with its accompanying reports was prepared for the July issue of our Journal, but its length and the arrival of late matter requiring early insertion caused us to defer it. Since then the committee appointed by the State Society to consider President Harvey's recommendations met and gave some consideration to this and other matters referred to it. They will give further careful study of the questions of health insurance and organization and will confer with the county societies in formulating a definite plan of action. The members were unanimous in their opinion that the medical profession should be consulted on the matter of health insurance and that an agreement should be reached by all the parties interested before any law is enacted.

Frederick L. Hoffman, LL. D., third vice-president and statistician of the Prudential Insurance Company, who is now on an extended English trip, made largely for the purpose of a thorough investigation into the methods and results of National Health Insurance in Great Britain, wrote the editor of this Journal, under date of July 15, 1919, as follows:

I have just finished reading a large amount of original information received from England and I am absolutely of the opinion, in the light of my present knowledge, that National Health Insurance has been dicidely detrimental to the status and well-being of the medical profession of Great Britain. The doctors have been reduced to the status of mere clerks or servvant of Approved Societies and there has been developed a tendency to the granting of dishonest certificates as an aid to malingering and fraud upon the funds. A large amount of the practitioner's time is taken up with National Health Insurance questions which have nothing to do with the practice of medicine as a healing art. Doctors are continually on trial before Insurance Commissioners for alleged offences against the act, chiefly over-prescribing, with that it is more true of England to-day than of any other country in the world, unless it be Germany, that there is a reign of terror and chaos, in consequence of a fatuous policy of alleged social reform.

The President of the Illinois State Medical Society in his annual address, May, 1919, said:

The organized profession which will have to work under this law does not demand it, organized labor has condemned it, the employers of labor, as represented by the various national organizations, Chambers of Commerce and Civic Federations, have all gone on record as being opposed to it. It is being fostered by and originated with the "American Association for Labor Legislation," which is in no wise connected nor in any way affiliated with organized labor. However, the supporters of this measure have a strong organization to promote its enactment, so strong that it has been successful in enlisting many prominent medical men in its defense, and it will only be by the united team work of the members of this society that it will be defeated in this state.

TREATMENT FOR THE DOCTOR.

We take the following from an editorial in the July issue of *Colorado Medicine*:

"The doctor himself is an example of a class which, because of continued responsibilities, often is subject to nervous exhaustion. Rest is his necessity. The best way to get it in his case is by diversion. Summer is here and the mountains are near at hand, offering scenes and pursuits which invite interest; and interest in outside matters crowds responsibilities aside. Why should he not, then, take his own medicine and go on a vacation? The specialist has no valid excuse, for he can arrange his time rather easily. The general practitioner, however, must often experience disappointment after having set a time for going, and when he does succeed in making his get-away, may

suffer considerable financial loss, but duty to his patients not preventing, he should consider the money loss a contribution to his future efficiency rather than a sacrifice; and if the treatment cannot be taken in one large dose, a sort of therapia sterilisans magna, it can be taken in repeated small doses.

The army men who have returned tell of the marked transformation brought about by hygienic regime in men who, on entering service, were despondent "neurasthenics," but the freedom from care and home troubles and the diversion of an interesting, new occupation should not be lost sight of as being a part of the cure. This should constitute an object lesson to those of us who suffer the symptoms either of too much responsibility or of what is equally as frequent a cause of neurasthenia, too little responsibility; and we shall look to the returned soldiers of the medical corps to set us an example this summer in the art of keeping energetic."

We congratulate those who have been able to break away from practice for a vacation rest. We fully endorse the editor above quoted when he says that any loss of money receivable from his patients caused by his absence from home should be considered as a "contribution to his future efficiency rather than a sacrifice," and we may add—possibly to the lengthening of his years of professional work, especially in the case of those who have been overburdened with work because of the world-war demands.

"FAITH" IN MEDICAL PRACTICE.

Wm. Rittenhouse, writing out of thirty years' experience, in *Clinical Medicine,* declares no greater service can be done to the cause of truth than to apply every possible test to an alleged fact. A new proposition may look so plausible, so promising, so attractive that we uncautiously believe and adopt it, instead of suspending judgment, and mercilessly applying to it every test necessary to determine its truth or untruth. It is this tendency to blind belief, the setting of dogma above evidence that is responsible for the so-called "schools" of medicine, the numerous "pathies" and "isms,' besides for the rich harvest that the quacks gather from a gullible public. Any proposition the truth of which cannot be demonstrated so clearly as to be convincing to the great majority of scientific men should be looked upon with a certain degree of suspicion.

DR. ABRAHAM JACOBI.

We have met with another great loss—as has our entire profession and the world—by the death of Dr. Jacobi, an Honorary Member of our State Society elected in 1896.

His life record is too well known to need extended recital. We take the following editorial from the A. M. A. Journal of July 19, as expressing briefly the worth and work of this great doctor:

"With Dr. Jacobi's passing, medicine loses one of its foremost figures. Dr. Jacobi enjoyed an unusually long and eventful career, marked by numerous honors at the hands of civic and professional societies. In his capacity as teacher and writer for six decades, he was known to a vast number of physicians throughout the country. His conversation and writings were full of "quaint wit, varied learning and true wisdom." His interest in medical progress and medical knowledge never wavered. Justly held in touching reverence by American physicians, Abraham Jacobi, the Nestor of American pediatrics, lived a full life as beloved physician, noted pediatrician, public-spiritd citizen, and honored leader."

We add only this little item which shows that, although a German by birth, he was a loyal American and an ardent lover of the medical profession of America:

One of the most significant tributes of his life was the urgent invitation extended to him, October, 1893, to become professor of pediatrics in the University of Berlin, and this position he refused with the historic words "I was, I am, rooted to the American profession that I have observed to evolve without governmental aid out of its own might to become equal to any on the globe."

THE MODERN PHYSICIAN'S ACTIVITIES.

It is quite possible that one of the results of the war has been a broadening of the field of activities for the medical man.

In the recent emergency the profession was called upon to carry on a vital part of the war program. When we stop to consider what the nation would have done without the service of the thirty-five thousand physicians in active service and the thousands more not in uniform on the various examining boards we may be excused as a profession for some pride at the way we showed our patriotism.

Upon the medical profession depended the choice of recruits, the prevention of dis-

ease, the care of the deceased and wounded and the apportionment of just disability remuneration.

The morale of the private at the front depended as much on the near presence of the doctor as on any other single factor. In short the profession was an absolute necessity in the execution and winning of the war. It is to our everlasting credit that it was not necessary to have our services drafted.

It has always been considered that the physician owes a peculiar duty to the state in peace as well as in war. He has an education much better and broader than that of most other professions which entitles him to be looked to for his opinion and aid in situations which are often vital. His opinion, so important to the army, is coming to be more correctly appreciated when applied to civic questions. This means an increase in the demand for medical men of the bigger type, with a horizon extending much beyond his own narrow professional specialization. It means the opportunity for increased service to his fellow men oftentimes the greater because so likely to be unappreciated.

Are we going to allow jealousies or the fear of breaking some minor professional convention hold us back when an opportunity presents itself to do some real service to our community?

The physician too who does commendaable work in his public activities naturally does well in his private work. This is as it should be and this fact should not deter him from such a field.

We have doctor-mayors, doctor-aldermen, doctor-governors, doctor-congressmen, and doctor-senators. Who knows but what the next president may be a doctor-president?—Minnesota Medicine.

ADEQUATE MEDICAL SERVICE.

In these days of progress in preventive medicine there is some tendency to separate too sharply preventive from curative medicine. It should not be forgotten that an adequate medical service to the whole people will do more to prevent disease and disability than any other single measure to be considered. At present the people in the United States are paying out money sufficient for the maintenance of an adequate medical service, but fail to receive it. This money, however, is spent in such a haphazard manner that the service is not only often inadequate or worthless, but at times actually harmful. For one item—drugs—the United States spends $500,000,000 a year. This sum alone, if properly expended, would buy all the necessary drugs and add $2,000 a year to the income of each of the 125,000 physicians in active practice in the United States.—B. S. Warren, M. D., Public Health Reports.

MILLONS FOR PREVENTION.

Closer co-operation between practitioners of medicine and the representatives of state medicine is the answer in Pennsylvania to state socialism and coercive health insurance. We (medical men) realize that preventive medicine or state medicine is in its infancy; we realize that otherwise reasonably intelligent people are ignorant of the existence of or the baneful influence on health of many of their individual and collective habits.

Medical organizations must arouse public opinion to the value of health boards. These should be freed from political influences, made more attractive to high class, specially trained men, and the scope of their work broadened to include every agency that makes for right physical living. Give them full power for action on the housing problem as applied to dwellings, as well as to places of employment; full power over the domestic regime of those ignorant or indifferent among our population; make it impossible for seven to ten individuals to sleep and eat in one small, unventilated room, beds filled every hour in the twenty-four by physically exausted individuals who stop not to remove their working clothes. Every physician practicing in so-called industrial communities is familiar with these abuses and well aware that avariciousness on the part of tenants is very often the responsible motive.

Social nursing and the prevention of industrial diseases have but begun to show results, and must have the continued force of public opinion led by organized medicine behind them.

Nation-wide prohibition will in a few years greatly diminish sickness and increase thrift. After ten months of partial prohibition in Detroit, Michigan, the mayor of that city testifies that "visiting nurses of the Board of Health report home conditions enormously improved and child welfare has received an impetus which *millions of dollars* in appropriations could not have effected."

It must be admitted that every movement toward the physical and moral betterment of the individual in his home, at his school and

at his work is a step away from the necessity for compulsory health insurance. Such steps in the past may have been few and faltering, but in the near future, following recent awakening of public conscience, these advances toward prevention will come by leaps and bounds, and should be led always by organized medicine.

What has European paternalism to offer us in exchange for this typical American plan? Ask the returning medical officers of the American Expeditionary Forces how many evidences of disease prevention they observed among civilian continentals. Let us make our Americanism a matter of the present and the future, developing liberty and self-reliance, democracy and the square deal. *Let the state spend millions for the prevention of disease, but not a dollar toward the advancement of state socialism.*—W. F. Donaldson, Sec. Med. Soc. Penn.

REHABILITATION.

The excellent results already manifest in the national plan for the rehabilitation of soldiers, sailors, and marines merit the imitation of the scheme and its application to all persons handicapped in industrial life. What federal authority alone could accomplish for the enlisted men requires the separate action of various State legislatures to be made available for workers in general.

The State of New Jersey has taken the lead in creating a Commission for the rehabilitation of physically handicapped persons. A recent enactment defines "physically handicapped" as meaning "any person who, by reason of physical defect or infirmity, whether congenital or acquired by accident, injury, or disease, is or may be expected to be totally or partially incapacitated" is interpreted as meaning "the rendering of a person physically handicapped fit to engage in a remunerative occupation." The progressive law referred to provides for a State Commission to consist of the Commissioner of Education, the Commissioner of Labor, the Commissioner of Charities and Correction, and three other members to be appointed by the Governor, who shall serve without pay though their actual expenses incurred in the performance of duties shall be paid out of a state appropriation.

The various phases of the law are well developed, so as to provide for the education and training of those handicapped and provides the maintenance costs during the prescribed period of training. Provision is also made for a social service visitation to those aided and their families for the purpose of giving advice regarding any matter that may affect rehabilitation during and after the period of treatment and training. The Sate, also, undertakes, through the Department of Labor, to aid in the placement in remunerative employment of those physically handicapped persons so registered with the Commission.

This law possesses unusual significance, in that it is the first to be placed upon the statutes of any State carrying over the experiences of the Federal Government for the advantage of residents within a State. It is a complete recognition of the principle of State obligation and responsibility for the protection and re-education of such of its citizens as cannot ordinarily fulfill their duties to the utmost, and thus constitute a liability.

The establishment of a Commission of this character undoubtedly will affect profoundly educational institutions and require numerous adjustments in the administration of hospitals and dispensaries. The returns to the State, however, will warrant the expenditures contemplated and result in an improvement in the character of medical and surgical service, owing to the recognition of the fact that mere cure of disease or healing of wounds do not represent the end results most desirable from the standpoint of communal welfare. Hospitals will find themselves making adjustments in their plans in proportion to their awakening to the ideas and ideals stimulating and strengthening the principle of rehabilitation.

The example which has been set by the State of New Jersey deserves emulation, and will undoubtedly create a stronger public opinion demanding reorganization in this direction. It is to be hoped that the surgical profession, appreciating the necessity of work of this character, will assume a certain measure of leadership in bringing about legislative enactments making similar provisions in all the other States which will soon begin to follow the line of action so well begun in the State of New Jersey.—I. S. W. Jour. Amer. Surgery.

HONORABLY DISCHARGED FROM THE MEDICAL CORPS, U. S. ARMY.

Members of the Medical Society of New Jersey.

Baker, Augustus L. L., Dover.
Clark, S. Worth, Atlantic City.
Clay, Thomas A., Paterson.
Connolly, T. Vincent, Paterson.
Cottrell, Judson G., Perth Amboy.
Dane, Charles M., South Orange.
Dukes, Howard R., Kearny.

Finke, George W., Hackensack.
Finn, Frederick A., Jersey City.
Garretson, Norman S., Rutherford.
Gauch, William, Newark.
Lathrope, George H., Morristown.
Lawton, Anderson A., Somerville.
Reynolds, Earl C., Rutherford.
Schimmelpfennig, R. D., Montclair.
Schramm, Joseph A., Newark.
Soule, Robert E., Newark.
Vanderhoff, Irving M., Newark.

Orders to Officers of the Medical Corps.

Lieut. Virgil H. Cornell, Cedar Grove, to Oteen, N. C.

Capt. Archibald F. Graham, Paterson, to Fort Sam Houston, Tex., base hospital.

Lieut. Col. Ralph H. Hunt, East Orange, to Hoboken, N. J.

Capt. Palmer A. Potter, East Orange, to New York City.

Dr. Martland Honored by General Pershing.

Dr. Harrison S. Martland of 1138 Broad street, who entered the army two years ago last May as a member of the Bellevue unit of the medical corps and has been made a major, has been awarded citation by General Pershing for exceptionally meritorious and conspicuous service at the hospital center of the American expeditionary forces at Vichy, France. General Pershing adds that the award is given as "an expression of appreciation of those services." Before enlisting Major Martland was for nine years a member of the staff of the Newark City Hospital and had charge the pathological department.

Medical Corps and Red Cross Score Record.—A bulletin recently issued by the American Red Cross sets forth some of its work during the war, and characterizes the work of the medical department as one of he greatest accomplishments in the records of medicine. The medical department kept effective 93¾ per cent. of the army. Of 195,000 wounded Americans, 182,000 have recovered. Statistics show beyond dispute that the American Army was the healthiest and cleanest army that ever fought. The greatest toll of deaths from disease was taken by pneumonia and influenza, the loss attributed to these diseases being 8,000. There were only 1,000 cases of typhoid fever in the army, 50 of which were fatal. Venereal cases never exceeded 4 per cent., an exceedingly low rate for an army in the field.

The Crusaders.—When the detailed history of the war can be written, one of the most stirring chapters will deal with the intiative, courage and self-sacrificing spirit shown in countless instances by "Young America." The spirit of these youths was: "Do or Die"; usually they did, often they died. Little by little particulars of individual deeds of daring and abnegation and devotion to duty are coming to hand; and they cause a thrill of national pride in all Americans. The following relates an incident truly typical of this fine spirit: "On November 14, two of us left Venice for Trieste to distribute underclothing and boots to Italian prisoners who were pouring in from the neighboring concentration camps, the conditions at which were appalling beyond belief. The number of ex-prisoners varied from day to day. One day when we were there 105,000 arrived. We fed 30,000 per diem, and the English Red Cross about the same number. We gave clothing and, in many cases clothing and boots, to 30,000 men. Three young American Red Cross workers, Messrs. Rodgers, McConnell and Daldall, had in mid-August started from Venice with a motor-kitchen to feed the Italian troops in the trenches. When the Italian offensive began, they managed to secure a camion, provisioned it, and taking it in tow, made their way across the Piave and trundled into Trieste (flying a white flag between Old Glory and the Italian one) before the Austrians had evacuated the city, and were feeding the starving prisoners in less than an hour after arrival. It is to be hoped that great credit will be given in recognition of the "sand" shown by these gallant boys from New York and Boston, for their prowess in practical philanthropy." — Medical Record, Paris Correspondent.

Therapeutic Notes.

Asthma; Causes and Treatment.

Asthma is a paroxysmal expiratory dyspnea. It is supposed to be due to a diminution in the caliber of the smaller bronchial tubes; the cause is unsettled. It may occur as a symptom in cases of chronic nephritis (renal asthma), or in chronic heart disease (cardiac asthma); it may also be caused by the action of the pollen of certain grasses or plants on a particularly sensitive respiratory mucous membrane (hay asthma); certain irritants may also cause the condition (bronchial asthma). Heredity and various neuroses have also been considered as etiological factors.

Treatment during an attack.—"Remove any obvious cause of reflex irritation, such as overloading of the stomach. A brisk emetic often cuts an attack short; nitrites, especially nitrite of amyl, or chloroform may be inhaled. Belladonna, stramonium, and lobelia in combination with ammonia are useful remedies; the fumes of burnt niter papers, etc., are also recommended. A hypodermic injection of morphine may be needed; and pilocarpine or adrenalin may also be used hypodermically. The drug which has most claim to be regarded as specific is iodide of potassium. It should be given during the intervals and steadily persevered with. It is often successful, but as often fails, the disease being very refractory to treatment. During convalescence. —Change of air, careful diet, cod-liver oil, tonics, etc.—(Wheeler and Jack's Handbook of Medicine).

Bronchitis.

Antimonii et potassi tartratis, 0.1 to 0.2 grams.
Potassi iodidi, 2 to 4 grams.
Sodii bicarbonatis, 3 grams.
Glycerin, 30 grams.
Syrupi tolutani, 20 grams.
Aquae chloroformi, 100 grams.

M. Sig. One tablespoonful in water three to six times a day.

With the above specific treatment may be combined balsamics where expectoration is copious and glycerophosphates in chronic forms with loss of weight and marked general weakness.—Medical Brief.

Craving for Alcohol.

The following formulae are considered useful in overcoming the craving for alcohol:

Strychnine sulph., ½ grain.
Fluid ext. capsicum, ½ drachm.
Fluid ext. avena sativa, 1 ounce.
Fluid ext. cinchona, 1 ounce.
Aqua dest. q. s., 8 ounces.

M. Sig.: Teaspoonful three or four times a day.

Pow'd capsicum, ½ drachm.
Quinine sulph, 1 drachm.

M. and make 30 pills. Sig.: one pill before each meal.

Local Treatment of Acute Rhinitis.

Dr. J. A. Thompson, in the Ohio State M. J., reports very satisfactory results from the local application of the following prescription:

Atropine, gr. ss.
Adrenalin, gr. i.
Menthol, gr. xxiv.
Camphor, gr.xl.
Petrolat. liq.
Ol. amygdal dulc, aa q. s. oz. viii.

To be applied night and morning.

To Abort a Cold.—After blowing the nose vigorously rinse out each nostril with a weak (pale pink) solution of potassium permanganate. With the head held well back try to retain some of the solution by plugging each nostril with cotton wool. Inhaling formaldehyde is still better.

The Tomato as an Antiscorbutic. — The Journal of Biological Chemistry states that tomatoes either fresh and raw, or dried by hot air, are valuable as a preventive of scurvy. Experiments upon guinea pigs has proved the efficacy of this vegetable for the purpose.

Chronic Myocarditis.—Zanyger finds small doses of camphor useful in keeping up the tone of the heart in chronic myocarditis, but it is not equal to digitalis in the acute phase. He gives doses of 10 to 15 drops of the spirit on sugar.

Hexamethylenamin Intravenously in Pleurisy.

Two French physicians, Loeper and Grosdidier have used hexamethylenamin intravenously in the treatment of thirty-two cases of pleurisy and they all resulted in recovery in from seven to twenty-five days with from five to twelve injections. The hexamethylenamin promotes diuresis and seems to help in the resolution of the pleuritic effusion. It also aids in the elimination of toxins and thus reduces the fever.

Alcoholic Cirrhosis of Liver.—The treatment is mainly prophylactic to abstain from the use of alcoholic beverages and to be temperate in eating. The diet should consist principally of plain, bland, simple foods, but little fat and albuminous food, and sweets and pastry, but plenty of fresh vegetables, milk, buttermilk, cereals and carbohydrates.

The drug treatment consists in the persistent use of moderate doses of potassium iodide or some other form of iodine, the free use of mild laxatives, combined with occasional enemas and colonic flushings, hydrotherapeutic measures and general symptomatic treatment.

These cases are best treated in institutions.

A Dressing for Ulcers.

Morlet has devised an occlusive dressing for ulcers of all kinds, except syphilitic, which, by means of Balsam of Peru, lessens the abundant discharge and does away with its fetid smell:

Balsam of Peru.
Bismuth subnitrate, of each 15 to 20 gr.
Ichthyol
Glycerine, of each 50 gr.
Water, 100 gr.

The raw surface of the ulcer is first cleansed with alcohol and the edges cleared. Strips of gauze impregnated with this paste, heated, are applied over the wound. This dressing can be left in place for ten days or a fortnight. One or two dressings, according to the size of the ulcer, are required, and seldom more. To promote the formation of a good epidermal covering, the patient is allowed to get up and walk about at times, so as to obtain a mechanical action of the dressing, in the nature of a massage, upon the wound.—(Journ. de Med. de Bordeaux.

Hospitals; Sanatoria, etc.

Monmouth Memorial Hospital.

The new $150,000 wing of the hospital was dedicated a Long Branch on Saturday, July 19th. A drive has been begun to raise $100,000 more for improvements in the hospital. The hospital was founded in 1881 with two rooms in a private house off Broadway by the late Mrs. H. J. Hastings and others. It was later moved to a Broadway site. In 1891 the hospital purchased the Central Hotel, the present site. Several additions have been erected since that time. It now has 200 beds and property worth nearly $500,000. Last year 4,283 patients were treated.

Orange Memorial Hospital.

Plans having been made for the erection of a new maternity wing for this hospital, a campaign is planned to raise the remaining $70,000 necessary to meet the cost of $250,000 for its erection and equipment.

Salem County Memorial Hospital.

The hospital staff of the Salem County Memorial Hospital, at its meeting for organization, elected Dr. Clifford M. Sherron, Salem, president, and Dr. William H. James, Pennsville, secretary.

An Emergency Hospital at the Pennsylvania Hotel.—An emergency hospital, completely equipped and modern in every particular, has been established in the new Pennsylvania Hotel, New York; for the 2,000 employees of the hotel, all of whom will receive free medical and surgical treatment. There will be an operating room, an x-ray room, two emergency

wards, a record room, and two consultation rooms. Dr. Joseph Nagel is in charge and has three trained nurses on his staff. A fourth nurse will visit the homes of employees who are ill.

Debarkation Hospital No. 3.

The Greenhut Hospital, New York City, which occupied the building that was formerly a department store and had about 650,000 square feet of floor space, and had accommodation for 3,650 patients, although on several occasion 4,000 were treated, was the largest military hospital under one roof in the world. It was closed last month. Since the first consignment of wounded from overseas on November 23, 1918, a total of 36,878 patients entered the institution and 36,798 were discharged or transferred to base hospitals at points near their homes. Col. W. J. Monaghan, the commanding officer, said that since all the wounded have now been returned from abroad, there is no longer any need for this hospital.

An American Hospital in London.

American residents of London have decided, in commemoration of the co-operation of the medical men of America and Great Britain in the war, to found an American hospital for the medical and surgical treatment of patients of all classes, irrespective of creed or nationality, and for the promotion of scientific study and research. A governing committee of Americans has been selected, as well as medical committees for America and Great Britain.

Hudson County Sanatorium.

After a recent inspection of this sanatorium, Commissioner B. G. Lewis of the State Department of Institutions and Agencies, has written Dr. B. S. Pollak, the superintendent of the sanatorium, and also to the Hudson County Board of Freeholders, commending conditions at the sanatorium, as showing evidence of great care on the part of those in charge.

State Village for Epileptics.

Dr. Daivd F. Weeks, superintendent of the Village at Skillman, N. J., presented his report recently for the year ending June 30.

The report shows a present population of 699, a net decerease of seventy-two form last year. The decrease is attributed largely to the mortality during the influenza epidemic. It is shown that 376 patients and forty-six employees contracted the disease. Of this number 234 were males and 188 females; 65 patients and 2 employees died. Based on his study of the epidemic Dr. Weeks drew the following conclusions respecting influenza:

"The most susceptible ages to the infection of influenza are between ten and twenty years. Individuals of sixty years of age possess a higher degree of immunity to the infection than those of other ages. Males are more susceptible to the infection than females of the same age period. The wide variation in the case incidence that occurred in different buildings among groups of persons of the same sex and of about the same age is strongly suggestive of the existence of a common source of infection other than personal contact. Influenza is more fatal among males than females.

"Vaccine made from bacillus Pfeiffer produces no immunity against the type of influenza that occurred in this epidemic. While the fatality rate in this epidemic was substantially less in vaccinated cases, this was not true in a sufficient number of cases to warrant the conclusion that vaccination produced this result."

Superintendent Weeks recommended that a research department be developed as fully and rapidly as possible at the village. To do this he said will require the services of competent, experienced men for the positions of clinical resident assistant, pathologist and biochemist, together with the necessary clinical and technical assistants. Coincident with the development of the department should come the erection of a treatment and research building with the necessary scientific equipment.

"The wealth of clinical material in our institutions should receive," said Dr. Weeks, "more intensive scientific study than has heretofore been possible. In this way facts will be made available for use in the future study and handling of the epileptic problem."

Marriages.

Du BOIS-STOCKTON.—In New York City, July 23, 1919, Dr. Francis E. DuBois of New York—member of the Union County Medical Society—to Mrs. Leila C. Stockton, formerly of Plainfield.

WRENSCH-DEACON. — In Montclair, July 15, 1919, Dr. Alexander E. Wrensch of Montclair, to Miss Alice Deacon of Brooklyn, N. Y.

Deaths.

CARROLL.—In Passaic, N. J., June 20, 1919, Dr. William Hugh Carroll, aged 58 years.

Dr. Carroll graduated from the New York University Medical College in 1884. He was visiting surgeon to the Passaic General Hospital and to the Passaic Home and Orphan Asylum; was one of the founders of the New Jersey Surgical Society and of the Passaic General and St. Mary's hospitals. He was a member of the Passaic County Medical and The State Medical Society and a Fellow of the American Medical Association.

CORT.—At Trenton, N. J., July 4, 1919, Dr. Paul Lange Cort, aged 49 years.

Dr. Cort was the son of Rev. Dr. Cyrus Cort of Baltimore, Md. He was born in Henry City, Ill., November 20, 1870. He graduated from the Jefferson Medical College, Philadelphia, Pa., in 1895; was registered physician in New Jersey and Pennsylvania. He was the first resident physician at Mercer Hospital, Trenton. He was elected on June 15, 1897 assistant physician at the New Jersey State Hospital, which position he resigned November 15, 1904, to begin private practice in Trenton. He married Miss Mary R. Scudder November 16, 1905. In 1907 he was elected a Republican member of Common Council from the Second Ward of Trenton. He was a member of the Mercer County Medical Society, The Medical Society of New Jersey and a Fellow of the American

Medical Association; also a member of the American Medico-Psychological Association, the Philadelphia Psychiatric Society. He was a surgeon of the N. J. Society of the Sons of the Revolution and was medical examiner of several life insurance companies. He was a member of Loyal Lodge, F. and A. M.; Crescent Temple, Ancient Arabic Order Nobles of the Mystric Shrine, the Trenton Club.

He was a member of the First Presbyterian Church of Trenton.

KATZ.—At Elizabeth, N. J., June 19, 1919, Dr. Herman W. Katz, aged 48 years, formerly of Brooklyn, N. Y., a graduate of the Albany Medical College in 1897.

WILLIS.—At Jersey City, N. J., July 14, 1919, Dr. Mary A. Willis, aged 76 years. She had practiced in Jersey City since 1884.

In Memoriam

Frank M. Donohue, M. D.

The following resolutions were adopted by the Medical Staff of St. Peter's Hospital, July 1, 1919:

Whereas, Dr. Frank M. Donohue, our greatly honored friend, our most highly esteemed instructor and president of the staff of St. Peter's Hospital, has been taken from among us by the highest exalted Ruler.

Be It Resolved by the Staff of St. Peter's Hospital, that the memory of this great humantarian shall forever be engraved in our hearts and the example of his worthy deeds shall in our life time be appreciated and followed to the best of our ability.

It is herewith admitted by each and every one of the staff that Dr. Donohue stood so high above us in his ability as a surgeon, physician and teacher that we are at a loss to find one to replace him, for no one finds himself worthy to occupy such an exalted position as he did.

Words cannot express the grief at such a tremendous loss to us, the staff, who, at all times looked to him for help in the many difficult problems that confronted us in the diagnosis and treatment of the unfortunate sick.

The courtesy, the kindness, the self-sacrificing spirit that he manifested to his friends, his patients and the community in general, will forever inspire us and make us better men.

His widow and children, whose loss we feel and appreciate, whose grief we share, shall know that our sorrow is deep, just as is our sympathy for them. To them it shall be a consolation to know that this great husband and father has not lived in vain and has not died in vain. The deeds during his life will live forever in our memory and his death has made us appreciate the more his real greatness and will serve as an inspiration for us to do better than heretofore.

Be It Resolved, therefore, that a copy of these resolutions be sent to his family, the local newspaper and State Medical Journal.

Laurance Runyon, J. Warren Rice, Anthony Gruessner, F. E. Riva—Committee on Resolutions.

Personal Notes.

Dr. Noble H. Adsit, Succasunna, and family have returned from a motor trip to Lake Champlain. They were away ten days and traveled about 1,000 miles.

Dr. Elsie R. Graff, Somerville, sailed last month for Turkey. She is the first woman physician assigned by the American Medical Association. Her work will be in the American Woman's Hospital and among Armenian and Syrian women.

Dr. Samuel C. Haven, Morristown, and wife are spending two months in Nova Scotia.

Dr. Fred W. Owen, Morristown, and daughter have been for a few weeks at Ocean Grove.

Dr. Jacob Cole Price, Branchville, has been re-elected president of the State Department of Health.

Dr. Frederick W. Sell, Rahway, who has been in service in France for nearly two years, has returned. He is stationed at Camp Dix. He expects to be mustered out of service this month.

Dr. Aaron L. Stillwell, Somerville, and wife spent two weeks at Peak's Island, Maine, last month.

Dr. John W. Clarke, Lyndhurst, and wife spent a few weeks at Mineola, L. I.

Dr. Jennie Dean, Morristown, arrived home last month from Europe where she was engaged in war work.

Dr. James Douglas, Morristown, and wife returned recently from a vacation spent at Saltaire, Fire Island.

Dr. Ralph J. Faulkingham, New Brunswick, and family spent the month of July at his former home town in Maine.

Drs. Benjamin Gutmann and Frederick L. Brown, New Brunswick, took a post-graduate course last month in Boston, Mass.

Dr. George W. Lawrence, Lakewood, major in M. C., has been serving as camp surgeon at Sea Girt.

Dr. Frank H. Pinckney, Morristown, has returned home after service in the Medical Corps, U. S. Army.

Dr. J. Warren Rice, New Brunswick, has been reappointed city physician.

Dr. Robert F. Ringland, Montclair, and wife took a trip through the Canadian Rockies last month.

Dr. Jesse D. Lippincott, Newark, recently returned from a fishing trip to Canada, and with his wife is spending August at Belmar.

Dr. Robert E. Soule, Newark, has returned from military service and resumed practice of bone, joint and reconstuction surgery at 671 Broad street.

Dr. Andrew A. Lawton, Somerville, and wife have occupied the E. C. West house in High street. The doctor recently returned from overseas.

Dr. Sidney E. Pendexter, East Orange, and family spent two weeks last month at Sebago Lake, Maine.

Dr. Mefford Runyon, South Orange, and wife are spending some weeks at Axman's Island.

Dr. Arthur L. Smith, New Brunswick, and family enjoyed a trip to Michigan last month.

Dr. Herbert H. Fitts, Shiloh, and wife spent two weeks last month on an auto trip through central New York State.

Dr. Victor Mravlag, Elizabeth, mayor of the city, observed his seventy-first birthday on July 18th.

Dr. Oscar A. Mockridge, Newark, who for the last ten months has been at an army medical training base at Camp Greenleaf, Georgia, has returned and will reopen his offices September 15. During the summer he will have offices at Allenhurst.

Dr. Louis Cook Osmun, Hackettstown, has recovered from a severe illness.

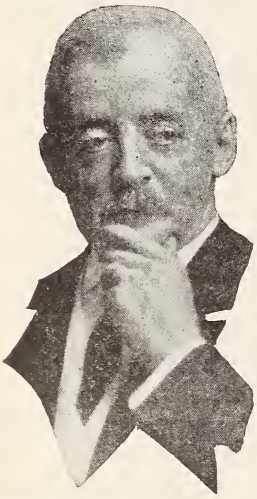
Dr. John E. Runnels, Plainfield, will have charge of the clinic at Mahlenberg Hospital conducted by the local Anti-Tuberculosis League.

Dr. R. D. Schimmelpfennig, Montclair, has resumed his practice since returning from overseas army service.

Dr. Frederick W. Scott, New Brunswick, has taken the office of the late Dr. F. M. Donohue, in Albany street.

Dr. James W. Timlin, Arlington, served as county physician of Hudson during the vacation absence of the regular official.

Dr. William Perry Watson, Jersey City, was given a very complimentary biographical notice in the Home Office News, issued by the Prudential Insurance Company in June. Forty years ago he was appointed medical examiner of the company at Jersey City; then medical supervisor at the home office 15 years; assistant medical director in January, 1899, and associate medical director in 1910. He was instrumental in bringing about the creation, by legislation, of the State Board of Medical Examiners; was its secretary for five years and served four terms as its president. He is also an active churchman in Jersey City.



Dr. Lester R. Davis, Newark, and wife spent a week at Asbury Park last month.

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed	Failed
Arizona, April	27	26	1
Hawaii, January	6	1	5
Massachusetts, Mar.	116	98	18
Minnesota, April	18	15	3
New York, March	148	134	14
Oklahoma, January	2	2	0
Wyoming, February	11	10	1

Columbia University Plans New System of Physical Education.—A new system of physical education, revolutionizing methods of caring for the health of college students, has been adopted by Columbia University. Medical surveillance will be extended to the student from the day he enters college until he receives his diploma. The idea will not be to bring every man up to a fixed standard but to perfect him in his own standard. Records similar to those of the army draft boards will be kept. When physical defects appear they will be corrected, with the purpose of turning out men 100 per cent. physically as well as mentally. One aim is to teach every graduate at least two outdoor and indoor sports, so that when he leaves college he will have a basis for relaxation and play. Plans have been made to care for students showing malnutrition, and a restaurant in connection with the college will supply food properly balanced and special diets. Efforts will also be made to give each student a knowledge of his own physical assets, limitations, and peculiar tendencies, and he will be taught that health in the middle and later periods of life is greatly dependent upon a proper understanding of one's own physical make-up.

Public Health Items.

Ignorance+Indifference=Disease.
Disease+Neglect=Death.

Knowledge+Interest=Health.
Brains+Training=Health Instructor.

Children's Rights:—"Every child has a right to be as healthy as present knowledge can make him."—Wisconsin Crusader.

If your community is not 100 per cent. patriotic in its protection of the public health, who is to blame? Are you doing your share? —Florida Health Notes.

All children from households in which there is tuberculosis should be carefully and repeatedly examined by a competent physician for the early detection of the first evidence of disease.—The Herald of the Well Country.

The infant mortality rate is considered the most sensitive index we possess to social welfare. It reflects at once conditions which improve or interfere with the normal health or life of the community. As conditions which make for normal family and community life are improved, the infant death rate decreases. When these conditions are disturbed, the rate correspondingly increases. The infant mortality rate, therefore, may be taken as the barometer of the social welfare of the community.—Handbook of Child Hygiene, Kansas State Board of Health.

The Newark Department of Health reported 416 deaths for the month of May, 1919; a death rate of 11.6 per 1,000 of population, as against 13.0 for the previous month and 15.2 for same month of 1918. In May, 1919, there were 1,211 cases reported of diseases—diphtheria, 149; tuberculosis, 168; pneumonia, 186; influenza, 37; gonorrhoea, 79; syphilis, 71; erysipelas, 34. Supervised babies, 3,205; died 12 visited by nurse. Supervised mothers, 836; delivered during May: 41 by midwife, 3 physicians, 2 hospital, total 46, with no deaths, still-births or miscarriages.

Typhoid Fever in Morristown.—Dr. James Douglas, health physician, reported that the seventh member of one family had contracted typhoid fever and had been removed to the hospital; that there were eleven cases in the city, most of them residing in one street.

State Department of Health Statistics.

Statistics compiled by the State Department of Health show a total of 13,440 deaths from influenza during the eight months from October to May inclusive. The number during each month follows: October, 8,477; November, 1,629; December, 1,128; January, 1,087; February, 672; March, 452; April, 135; May, 60.

During May the total number of deaths reported to the State Bureau of Vial Statistics was 3,184, a decrease of 492 from previous months. Included in the total number of deaths were 83 non-residents, leaving a total of 3,101 resident deaths for the month. This gives a resident death rate of 11.86, which is the lowest for any period during the last ten months. There were 388 deaths during May among children less than one year of age, 173 deaths of children more than one and less than five years old, and 1,146 among personrs sixty years and older.

Efficiency of Vaccination.—In the Municipal Hospital of Philadelphia during a period of 34 years over 9,000 cases of smallpox were treated. In this time not a physician, nurse or attendant who had been successfully vaccinated or re-vaccinated prior to going on duty contracted smallpox.

Public Health Education Campaign.—One of the first of the peace-time activities of the Red Cross is a nation-wide campaign for public health education. As chautauqua itineraries offer unusual opportunities to reach communities most in need of health work, the Red Cross Department of Nursing is assigning between thirty and forty of its ablest nurses, who have returned from overseas, to lecture on the principal chautauqua circuits in the country. The lectures begin June 1, and in each instance will be followed by a squad of other nurses and Red Cross workers who will conduct a health exhibit and give practical demonstrations.

Service for Trained Sanitarians.—Well-organized health departments is the subject of consideration in many communities because of the threatened recurrence of influenza next year. Formerly great difficulty was experienced in obtaining men well trained in medicine, epidemiology, vital statistics, water supply, sewage disposal, and in every branch of city positions. Men are now returning to civil communities who have served in the Medical Corps of the Army and who are excellently equipped for positions as health officers, laboratorians, vital statisticians, sanitary engineers, industrial hygienists, school medical inspectors, etc. A health employment bureau at Boston has been established by the American Public Health Association to supply men for such positions. When they return from service they will register with the bureau, and when a request for help comes from the bureau they will be notified and sent to the prospective employers. This service is rendered without pay either to the employers or applicants.

Is Your Community Fit?—A nation-wide campaign for the prevention of venereal diseases has been organized. Have you consulted your health officer on the part your city should play in this important work? Is your community planning to take advantage of the recent federal enactment and appropriation for the control of venereal diseases throughout the United States? Has an ordinance been passed which will enable your health department to take up this matter in an effective manner? Proper reporting of dangerous sources of infection and their adequate treatment and control beyond the contagious stages is essential. The establishment of places where infected persons can be given expert treatment and advice will greatly aid in limiting the spread of these diseases which are so disastrous to mankind.—Pub. Health Rep., April 25, 1919.

Power for Health Board.—The Senate of Pennsylvania passed finally the house bill broadening the powers of the commissioner of health and the advisory board under the quarantine act of 1915. Under the bill the commisioner of health, with the approval of the advisory board, may determine what are communicable diseases and provide for the quarantine of such diseases. This law was found necessary after the difficulty encountered in the influenza epidemic of last fall. The act also enables the department of health to carry out its venereal campaign in a conservative manner.

Education Versus Force.—In the enforcement of health regulations or sanitary laws, two methods present themselves: one that of education and persuasion; the other that of force, or the resort to prosecution under the terms of the law. The choice of which of the two will be most effective, and at the same time accomplish the most permanent results will, as a rule, depend on whether or not special or personal interests are involved. If there are no special financial interests involved and only the welfare of the community or public as a whole is to be taken into consideration, then the educational method is at once the most effective and most permanent in results. —Kansas State Board of Health.

Influenza and Ventilation.

A recent issue of The British Medical Journal mentions the importance of air conditions in matters of health, and suggests deep breathing, exercise, and sleeping in the open air as important measures in combating the infection of influenza. The following comments are applicable to the American as well as to the British public:

"Although man has lived in houses of one kind or another for several thousand years, and in western Europe since the introduction, somewhere in the fifteenth century, of glass for domestic windows, in houses which can be almost hermetically sealed, yet a human strain capable of withstanding the evil influences of unventilated rooms of a few centuries ago immured themselves in tightly-closed houses, sleep in bedrooms with windows closed. sometimes even in cupboards or box beds with shut doors. The result was reflected in their mortality, in the prevalence of the plague and other diseases, and in their short average span of life. Though we are wiser than they, and

pay lip service to the virtues of fresh air, and talk much and learnedly on ventilation, the severity of the present pandemic of influenza is enough to show that we need to grow wiser."

Decision Regarding Venereal Disease.—The Hamilton County Pleas Court, Ohio, in a case in which the constitutionality of the venereal disease regulations of the State were attacked has upheld the regulations. The case was a habeas corpus proceeding brought by an alleged prostitute who had been held by the Cincinnati Health Department as a person reasonably suspicious and who, being found infected, had been placed under quarantine as provided by the State regulation. The release of the petitioner was demanded on the grounds that she was deprived of liberty on suspicion and that she had not been granted trial by jury. In dismissing the case the court stated that the health authorities had as clear a right to quarantine persons afflicted with venereal disease as to quarantine a person exposed to smallpox or scarlet fever, and that the question of jury trial was not concerned in the case, as the petitioner was not held on a criminal charge.

Medico-Legal Items.

Powers of Boards of Health.—The Michigan Supreme Court holds that the board of health of the city of Lansing, which has by charter all the powers and authority vested in health boards and health officers by the general laws of the state, did not have the power to locate a permanent pesthouse in a thickly settled residential district where, by reason of its location, it would be a nuisance.—Bichard v. Board of Health, Michigan Supreme Court, 169 N. W. 901.

Expert Testimony—Cause of Injury.—In an action on an accident policy physicians may testify that in their opinion a kink or loop in deceased's bowels resulted from external violence; but it would be improper for the experts to testify as to what actually did produce the kink; that was precisely what the jury were to determine, and was not the subject of expert evidence.—Budde v. National Travelers' Ben. Assn., Iowa Supreme Court, 169 N. W. 766.

Basis of Expert Opinion.—A physician in giving evidence as an expert may base his opinion upon his observation and examination of the patient, together with a history of the case as given to him, and such opinion will not be rendered inadmissible in evidence because based partly upon statements made to him by the patient with reference to her condition, symptoms, sensations and feelings when they were made to him, and were necessary to an examination and proper diagnosis and treatment of the patient's injuries. In an action for personal injury, a physician's testimony that from the patient's statements her jump out of a wagon would have been sufficient to produce her miscarriage was not objectionable as invading the jury's province by stating what did in fact cause the miscarriage. Where an injury complained of is of such a character as to require skilled and professional men to determine the cause and extent thereof, the question is one of science and must necessarily be proved by the testimony of skilled professional persons.—Ft. Smith & W. Ry. Co. v Hutchinson, Oklahoma Supreme Court, 175 Pac. 922.

Book Review.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

The Practical Medicine Series, comprising eight volumes on the year's progress in Medicine and Surgery, under the general editorial charge of Charles L. Mix, A. M., M. D., Professor of Physical Diagnosis in the Northwestern University Medical School, Chicago. The Year Book Publishers' price, $10; single volumes, $2.50. Volume I. General Medicine , edited by Frank Billings, M. S., M. D.

This work has a distinct place in medicine. Published in books of the size and weight of an ordinary novel, it makes a book that is easy to hold and read at odd moments, which surely ought to appeal to the busy practitioner. The volume on Medicine which has just been issued covers in a concise form the work that has been done in medicine during the year previous to that in which it was published.

The recent war has been the means of stimulating a great deal of research work and the reports on Trench Fever, Heart Disturbances in Soldiers, Blood Pressure and Blood Chemistry; also the work that has been done on the Ductless Glands and Diseases of Metabolism and Acidosis and Diabetes Mellitus, is worthy of careful reading. F. W. Hagney.

REPORTS AND REPRINTS RECEIVED.

The Foreigner a Prey of Medical Quacks, by Henry R. Kresnow, M. D., Chicago, Ill.

Second Report of the Provost Marshal General to the Secretary of War, on the operations of the Selective Service System to December 20, 1918. Washington, D. C.

Journal of the Military Dental Surgeons of the United States. Dr. W. C. Fisher, editor, New York City.

The Institution Quarterly. The Official Organ of the Public Welfare Service of Illinois, Springfield, Ill.

Two Rarely Described Instances of Scintillating Scotomata; Self-observed. Dr. James A. Spalding, Portland, Me.

Indications for Cesarean Section, with a record of personal experiences in a series of 109 cases. Dr. A. J. Rongy, New York City.

Annual Report of the Middlesex General Hospital, New Brunswick, N. J., for 1918.

The Control of Hookworm Disease by the Intestive Method, by H. H. Howard, M. D., West Indies.

The Treatment of Industrial Problems, by Constructive Methods. U. S. Dept. Labor.

Doctor John Bard (1716-1799). A short biography and history of his Times. Also reprint—"Is She Pregnant," by G. K. Dickinson, M. D., Jersey City.

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ORATION IN SURGERY.

Delivered at the 153rd Annual Meeting of the Medical Society of New Jersey, at Spring Lake, N. J., June 24, 1919.

SOME EXPERIENCES IN AN EVACUATION HOSPITAL.

By Major Elsworth Eliot, Jr., M. D.,
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New York City.

A brief resume' of the conditions in which war surgery, as observed by the writer, was carried on, is not without interest. The hospital consisted of a number of hastily erected wooden shacks, not communicating with one another, so that patients carried from the *triage* to the operating room and thence to the ward were exposed to the open air and often to inclement weather, while the stretcher-bearers constantly left large amounts of mud wherever they passed. The x-ray plant, in which all patients were exposed, was installed in a shack between the *triage* and the operating room, sharing that space with a shock ward capable of accommodating about twenty patients. At one end of the operating room the sterilizers were placed together with a stock of surgical supplies, and at the other end ten tables that could be utilized simultaneously. During the day the light from side windows was fair, while at night an electric globe was placed over each table in such a way that, suspended from any part of two overhead wires, which crossed like the letter "X," it could be placed over either upper or lower extremity according to the site of operation. Even under the best conditions the light was inadequate and yet, during our busiest 24 hours, with all the tables in use, over two hundred seriously wounded soldiers received treatment.

In this connection it is of interest to speak briefly of our anæsthetists. Eighteen of the more intelligent of our enlisted personnel who had had a partial or complete high school education, were given instruction, at the Allentown Hospital, in groups of six, in both the theoretical and practical parts of this subject—in theory by the system of the old-fashioned didactic lecture and quiz, while the knowledge so gained was illustrated, practically, by watching and commenting on the administration of the anæsthetic in the hospital operating room. Although none of these men had ever been previously in a medical school or hospital, it is gratifying to note that they gave the anæsthetic to over 5,000 patients without an anæsthetic fatality.

The system followed in this hospital differed somewhat from that in other evacuation and mobile hospitals, in that each surgeon dressed all patients on whom he had operated, prior to their evacuation, the operation, date and character of each dressing being duly tabulated on the respective Field reports. This relieved considerably, the tedium of 12 hours consecutive duty in the operating room, a portion of the time either directly after or before meals being spent in attending to ward duties. The number of surgeons, nurses and corps men was totally inadequate, some wards containing 50 post-operative cases having only one nurse, although we were no worse off in this respect than many of our neighbors.

The operating was done by our teams, to which were added other teams temporarily assigned by Headquarters for this special work, each team consisting of an operating surgeon, his assistant, a nurse and an anæsthetist. Iodine was used, after preliminary examination, shaving and cleansing in the *triage* for preparation of the operative field, and each surgeon and nurse was allowed one sterile gown and gloves for each per-

iod between meals. Between operations, the hands, with gloves unremoved, were scrubbed with soap and hot water and then immersed in alcohol, lysol or a solution of bichloride of mercury. Only after operating on a seriously infected case of gas gangrene, were the gloves changed and the hands thoroughly cleansed.

WOUND INFECTIONS.

These included those commonly met with in peace time with similar manifestations, notably the staphylococci and streptococci. Secondly, those rarely met with in peace, especially infections due to the gas bacillus. This, like other pathogenic organisms, varies in its virulence, and therefore in its period of incubation. It attacks generally muscle tissue, which rapidly loses its viability and consequently both its vascularity and contractility. Exceptionally, however, the intermuscular spaces are attacked, being gradually infiltrated with the infectious exudate, while the contiguous muscle is unchanged, this variety showing clinically a somewhat less degree of malignancy.

The well-known local symptoms of gas bacillus infection need no comment. Only at the beginning could diagnosis be questionable. The constitutional symptoms pointed to a rapidly developing cardiac depression with apathy deepening, shortly before death, into coma. Patients suffered very little pain and frequently puffed a cigarette a short time before the end came. Gas bacillus infection in base hospitals was much more insidious in its invasion and consequently much less virulent in its course. It either appeared primarily in wounds which, because of their small size, had been overlooked, or else in wounds in which the devitalized tissue had not been sufficiently excised. The prognosis was very much more favorable than in the rapidly developing type, almost all patients recovering, while in the latter group, scarcely half of these infections occurring in the arm or thigh were saved by amputation.

The treatment of simple wounds uncomplicated by fracture was either conservative or radical. The former method was practised in through and through wounds, the result of machine gun bullets, even though they traversed important joints. On the other hand, in wounds caused by high-explosive fragments, in which the deeper muscular layers were extensively torn and in which the x-ray showed the lodgment of one or more foreign bodies, debridement was practised with as wide excision of the devitalized tissue as was compatible with the maintenance of the circulation and the motor nerve supply of the extremity. The removal of all devitalized tissue in the absence of infectious agents would justify immediate closure of the wound. The determination of the line of demarcation, however, between the living and the dead is so difficult, while the danger of the retention of pathogenic organisms in the wound, especially in the presence of previous infection, is so great that primary closure is contraindicated and the open method is decidedly the method of choice. A Carrel-Dakin dressing gave satisfactory results, especially in cases of advancing infection, although owing to paucity of nurses, it was applied as a wet dressing and not in the manner in which its authors recommend.

VASCULAR INJURIES.

The clinical features and treatment of vascular injuries, especially in the lower extremity, is a most interesting subject. As in civil surgery, the viability of the leg was least frequently impaired in cases of a torn superficial femoral artery. On the other hand, not a single instance of the saving of an extremity after damage to the popliteal artery was observed. At least one-half of the cases in which the posterior tibial artery was torn, resulted in amputation. Wounds of all arteries were usually associated with wounds of their accompanying veins. The factors determining gangrene in these cases, besides the cutting off of the main vascular supply, were chiefly the destruction of a considerable part of the collateral circulation through the laceration of contiguous tissues, and the subsequent infection. Even in civil surgery the danger of gangrene after division or ligation of a popliteal artery has been long recognized, although infection is avoided by aseptic precautions and interference with the collateral circulation is minimized by making a small incision. In the case of the posterior tibial artery, especially in its upper part, the associated destruction of the collateral circulation was extensive, especially as a considerable segment of the artery was usually torn with corresponding impairment of those of its branches, on the integrity of which, the establishment of adequate collateral circulation depends. With the onset of infection, the inflammatory exudate imprisoned under the soleus, unyielding because of its attachment to the bone on either side and to the tendinous arch between, subjects the deep intermuscular plane together

with its vascular structures to extensive compression and still futher diminishes the blood supply of the extremity.

In all of these cases, the initial hemorrhage has either stopped spontaneously or has been checked by the tourniquet and it is only after the exposure and dislodgment of the associated hematoma by which the torn vessel is invested that a sudden renewal of the hemorrhage takes place. Exploration of the wound, after the patient has been anæsthetized, should therefore be made only after the tourniquet is in situ and ready to be tightened, for the infiltration of the tissue planes with blood makes the recognition and seizure of the torn vessel or vessels a difficult matter, requiring a bloodless field. Unaffected by the clot and easily recognized, the accompanying nerve, either popliteal or posterior tibial, if still intact, proves a most satisfactory guide to the torn vessel and emphasizes the importance of always keeping in mind the neurovascular relations.

The exposure of the torn vessels in the popliteal space, owing to their relatively superficial position, is more simple than the exposure of the posterior tibials, especially where they are deeply seated in the upper part of the calf. In this location, satisfactory exposure of these vascular structures is best made by a linear division in the median line of both the gastrocnemius and soleus muscles.

Conservatism, after satisfactory hemostasis, should be practised whenever possible, in all of these cases, a primary amputation being justified only by unquestioned circulatory destruction. Secondary amputation should be done without delay with the first indication of incipient gangrene, which, in our observation, usually proved to be a reddish discoloration extending rapidly upward and not a change of surface temperature which text-books and teachers of surgery so strongly emphasize. Furthermore it is to be remarked that the line of demarcation did not usually attack all structures in the same horizontal plane for muscle tissue became necrotic on a much higher level than the skin.

The contrast between the time and type of amputation in war and civil surgery must be emphasized. While in civil practise amputation should ordinarily be done shortly after the injury has been received, in war conditions, the greater and more persistent associated shock, the continued loss of blood, the prolonged exposure and consequent lack of nourishment and ultimately the fatigue of an ambulance journey of considerable length justify a delay until the shock has somewhat subsided, through rest and appropriate treatment.

The method of amputation has been extensively discussed. Many have advocated an amputation by the circular division of all the different layers in the same horizontal plane, the skin being ultimately brought over the end of the stump by extension with adhesive plaster—the so-called guilotine amputation. This is said to have the advantage of speed and to minimize the danger of a spreading infection along the deeper intermuscular planes. It has the disadvantage of healing, if at all, with a rounded cicatrix over the end of the stump, for the stretching of the skin by extension, just referred to, cannot be continued after the denuded area has become surrounded by a cicatricial rim. When this stage has been reached, healing by granulation is inevitable. A more satisfactory result, in that secondary amputation is obviated, is secured by utilizing a flap of skin and subcutaneous tissue of the necessary dimensions, with circular division, at its base, of all muscle planes. This flap, if desired, can be turned upward like a cuff over the surface of the extremity, thereby permitting free unobstructed discharge, to be loosely replaced at the end of 24 hours without suture over the end of the stump, a longer interval predisposing to pressure necrosis around its base. Cases treated in this way healed as quickly and sometimes more satisfactorily than after the customary method of suture with drainage as practised in civil surgery.

FRACTURES.

Fractures of both upper and low extremities were transported to the hospital in Thomas splints, which were not removed until the patient was anæsthetized, a routine method which gave general satisfaction. The wounded were placed on the operating table with the understanding that whatever was necessary should be done. Permission to amputate was never asked nor was there any discussion of the nature, extent or danger of the proposed operation. There was only one instance of refusal to submit to operation, a patient with a wound of the chest, and in this instance the recalcitrant one was quickly removed from the table and placed in a ward. It was quite within military law to have forcibly compelled this patient to submit to anæsthesia and operation, but such a harsh measure was deemed unwise. After operation, the fractured limbs

were again placed in the Thomas splint, in which apparatus the patient was removed to the Base, where it was supplanted by some form of Balkan extension frame.

JOINTS.

The conservative treatment of perforating wounds of joints was justified when it was reasonable to infer, as in the event of machine gun bullets, that the chances of infection were slight. In this group of cases, the inevitable distension of the joint with sero-hemorrhagic exudate was treated by immobilization, usually in the case of the knee, with a Thomas splint. After three days, in the absence of infectious symptoms, the patient was evacuated. On the other hand, with the retention of a high explosive fragment or other foreign material in the joint cavity or articular extremity and in compound fractures and crushing injuries involving the joint, the articular cavity was freely exposed, the foreign body and bony fragments removed and an attempt was made to destroy all infectious material by some powerful antiseptic, preferably ether. Whether the joint should then be closed, as in civil surgery after a suture of a fractured patella, or left more or less widely open in view of the possibility of subsequent infection, was a mooted subject. The majority advocated complete closure without drainage claiming satisfactory results, in that no indication of infection had appeared prior to the evacuation of the patient to the rear. Many cases, treated in this way, however, were later observed by the writer in base hospitals in which infection had ultimately developed of a character so serious as to necessitate amputation. While a more extensive experience can only settle the proper method of treatment, much is to be said in favor of closing the joint without drainage, but with an aperture in the sutured capsule of sufficient size to permit the exit of joint exudate which, if retained in the synovial cavity, would provide an excellent culture medium to which infectious organisms, if not already present, would find little difficulty in penetrating between the interstices of the suture line. In the more extensive joint destructions, primary amputation was done, although in borderline cases an attempt was usually made to conserve the extremity.

No discussion of the treatment of joint injuries, no matter how brief, would be complete without reference to the Willems method. This consists of active (never passive) motion of the affected joint begun after operation as soon as the patient has recovered from the effect of the anæsthetic and frequently until the patient has become convalescent. In cases which remain free from infection, this form of treatment prevents joint stiffness and promotes early restoration of function. In cases which become infected, it facilitates, after drainage is established, the exit of the discharge from the synovial cavity, shortens the duration of the suppuration, obviates the constitutional symptoms of septic absorption and usually insures freedom from total ankylosis or amputation. To carry out this method of treatment requires the undivided attention of a properly train nurse. In our hospital the scarcity of nurses and the necessity of early evacuation prevented any attempt to treat patients by this method.

CENTRAL AND PERIPHERAL NERVOUS SYSTEM.

The treatment of compound fractures of the skull differed from the treatment of this condition in civil surgery only in being more radical. The depression was relieved, the loose fragments were removed and if the dura showed increased tension with loss of pulsation, it was incised with a view of liberating and removing any imprisoned blood clot. Projectiles immediately beneath the skull or between the skull and the brain were removed, while those in the brain substance were removed, if at all, only after the evacuation of the patient to a base hospital, where post-operative treatment could be more advantageously continued without the necessity of an early transfer of the patient. Fissures of the skull, detected in the course of the examination of scalp wounds, were invariably trephined and in the majority of cases, a more extensively fractured inner table, compressing the brain, was found.

The prognosis in gun-shot injuries of the skull depended upon the extent of the injury and the question of the introduction of infectious material. Cases in which the injury consisted solely of a fracture of the vault did well. In more extensive injuries death resulted from laceration of brain tissue, from a septic meningitis and in some instances from distension of the ventricular cavity with blood. Whether the compression of a large ventricular clot could be relieved by its removal through aspiration or puncture is debatable. Although no such attempt was made the suggested remedy might prove of value.

The operative treatment of wounds of the spinal cord was most disappointing. While, theoretically, division of either the

right or left half of this structure should cause corresponding unilateral symptoms, the undivided portion was so damaged by the centrifugal pressure of the projectile and by the sudden increase of intra-spinal pressure, that the symptoms ordinarily observed in simple fracture dislocation of the spinal column in civil practice were the rule. No benefit followed operation and no improvement in the patient's condition was observed in those treated conservatively in base hospitals.

Division of peripheral motor nerves was frequently observed, especially the great sciatic and its main branches, the musculospiral, the median and the ulnar. An attempt to determine the presence and extent of this complication was made in the *triage* before the anæsthetic was given. If present, the divided ends wer identified and sutured as a part of the debridement and when possible were covered by muscle tissue. In some badly lacerated wounds the nerve was so extensively torn that the interval between the divided ends exceeded several inches, in which event no effort was made to approximate the ends by plastic operation until all infection had subsided, and the patient had been evacuated to a base hospital.

The end results of suture of nerves as a part of the original debridement of the wound can now be stated with reasonable certainty. Of nine cases so treated, I have been told by a colleague that, in seven, the return of function was well advanced. Unfortunately primary suture of divided nerves was generally neglected and in hundreds of these patients secondary suture has been necessary under much less favorable conditions, which proper treatment at the beginning might have avoided.

It is of interest to call attention to a condition simulating the division of one, or more frequently, of several divided motor nerves, a condition which is probably due to paralysis of nerve function from the centrifugal force of a projectile which passes in close proximity to the nerve trunks without actually dividing or tearing them. In the absence of a wound there is no difficulty in excluding the possibility of nerve division. If, as is usually the case, there is a penetrating wound, the suspected nerves, when exposed in the course of the necessary debridement and removal of the foreign body, show no visible change. The prognosis in this group of cases is excellent, restoration of function taking place generally in the course of two or three months.

ABDOMEN.

Injuries of the abdomen, as in civil surgery, may be divided into two large groups, namely those limited to the abdominal wall and those involving the peritoneal cavity with or without damage to a viscus. To distinguish between these two groups in war surgery, frequently proved most difficult, for in wounds limited to the abdominal wall, the modification of its respiratory movement and the extent and degree of the associated muscular rigidity in no wise differed from these same symptoms resulting from peritoneal irritation. Only by exploratory laparotomy when the location of the wound and the location of the foreign body by fluoroscopic examination, indicated perforation of the peritoneal cavity, was accurate diagnosis possible. In doubtful cases this procedure was always adopted as a part of the debridement of the more or less contused or lacerated tissues of the abdominal wall, as essential here as in similar wounds of the extremities. On opening the peritoneal cavity through a small incision, the presence of blood or gas was readily determined and if present, the incision was immediately enlarged and the exact lesion, if possible, was ascertained and treated.

Wounds involving the abdominal wall only, although obviously much less serious than those which have penetrated the abdominal cavity, are not entirely free from danger. Several instances of such wounds were observed in which, notwithstanding satisfactory debridement, a rapid pulse and apathetic condition persisted until the death of the patient four or five days later. An autopsy in each instance showed no visible intra-abdominal lesion. This same unfortunate termination was also occasionally observed in wounds of the chest wall with the difference that the transition from a usually highly favorable condition to one of complete collapse was as sudden as it was unanticipated. On autopsy no visible intra-thoracic lesion could be demonstrated. This exceptional and unfortunate course was probably the result of some thoracic or abdominal nerve disturbance in both groups of cases.

The rapidity of the development of infection was such that, in penetrating wounds of the intestine, recovery rarely ensued if operation was not done within 15 hours after the receipt of the injury. If this interval had been exceeded, patients without operation occasionally recovered with a fecal fistula which was subsequently

closed at the base hospital. An interesting instance of this type of case was observed in a patient suffering from a penetrating wound of the descending colon. After a high temperature and a rapid pulse for 24 to 48 hours, a fecal fistula formed with rapid improvement in the patient's general condition, so that in ten days he was discharged for further observation to a base hospital. At least one-half of the patients operated on prior to the 15th hour recovered, especially if the character of the lesion was such as not to require excision of the damaged loop with anastomosis. In fatal cases, the progress of infection was so rapid that frequently the terminal distension was only moderately developed and occasionally even this indication of peristaltic paralysis was concealed by the contraction of the powerful abdominal muscles. In other cases, death occurred without any distension whatever, the bowels moving freely until the end.

Perforations in fixed portions of the large intestine were of special interest, especially when caused by wounds in the loin. In this particular type of case, the patient was asked whether he had passed gas from the rectum subsequent to the receipt of the injury. If perforation were present, gas would probably pass directly through the opening in the wall of the colon into the peritoneal cavity rather than downward into the rectum. The fact that no gas was passed per rectum, however, proved of little diagnostic value, for either no gas was present or only in such small quantities as to remain in the colon though intact. Very frequently, also, the general condition of the patient was such as to preclude any observation whatever. Of much greater value was the condition of the colon when exposed in the course of the debridement of the point of entrance of the projectile in the loin. An inflated or elastic wall, especially if maintained, on pressure, warranted the conclusion that the colon was intact. On the other hand a collapsed or especially flaccid colon indicated perforation and an immediate careful search was made, if necessary, through an enlarged or even anterior incision for the orifice of entry and exit. If the colon was intact and injury to some other abdominal organ was suspected, the peritoneum was opened on the outer aspect of the colon and if gas or blood escaped, further exploration was made through an enlarged or separate incision.

SOLID VISCERA.

Gun-shot wounds of the solid viscera were occasionally observed, although many must have succumbed quickly to this form of injury from hemorrhage. In these wounds, the tearing character of the missile, together with the introduction of infectious material and the frequent simultaneous involvment of adjacent hollow viscera contributed to an unfavorable prognosis. The treatment of this group of cases differed in no essential from that ordinary practised in civil surgery. In isolated rupture of the liver, the hemorrhage was checked by approximation of the bleeding surfaces or by tampon. No opportunity was afforded to test the hemostatic value of omentum applied in the form of a tampon to the bleeding surface. Cases of rupture of the spleen were treated by splenectomy and those of the kidney by nephectomy, although in one instance of the latter injury the patient recovered without operation and still carries an irregular fragment of high explosive shell without discomfort in the deep muscles of his back. Conservative treatment, notwithstanding hematuria, was practised in this case, because of the absence of any indication of serious loss of blood as well as the absence of any indication of peritoneal irritation.

Wounds of the pancreas were rarely observed and were almost invariably associated with wounds of adjacent viscera. They were usually, if not always, fatal.

TREATMENT OF GUN-SHOT WOUNDS OF THE CHEST.

The symptoms of gun-shot wounds of the lung, in those who survive the initial hemorrhage, need no special description. Here, as in other parts of the body, whether subsequent infection may be expected or not, depends largely upon the nature of the wound. In civil surgery, perforating wounds in which the missile escapes, and penetrating wounds in which the missile lodges in the lung, frequently heal without incident. In war surgery, an equally satisfactory course may be expected in corresponding wounds the result of machine gun bullets. On the other hand, fragments of high explosive shells the cause of many pulmonary wounds, are frequent carriers of infectious material which may or may not be removed in the act of penetration by contact with the soft tissues of the chest wall. In all kinds of gun-shot wounds of the chest, whatever the type, but more especially in those due to a high explosive

agent, an associated hemo-thorax materially increases the likelihood of infection. For the resistance of the patient is diminished by the actual loss of blood, usually amounting to between one and two litres, and by the respiratory and circulatory embarrassment which results from the pressure of the pleural contents on the lungs and heart, while the clotted blood itself provides a favorable culture medium for whatever pathogenic organisms may have been introduced.

All of the cases reported in this paper were complicated by a hemo-thorax which required either aspiration or thorocotomy and the selection of these cases was made because of the belief that, of all chest wounds, in this particular group, if in any, radical rather than conservative treatment would seem to have been justified. They would appear, therefore, to serve most appropriately as a basis for the discussion of the relative value of these two methods of treatment.

For the purpose of such consideration, these wounds may conveniently be divided into perforating and penetrating. In the former group an expectant plan of treatment has proved, in the opinion of all surgeons, more desirable than radical measures. Four cases of this character herewith reported required aspiration of the associated hemo-thorax. This was done in 48 (2 cases) and 72 hours respectively after the injury was received. The amount of blood removed varied from one ounce to one and a half quarts. The relief of subjective and objective symptoms indicative of circulatory and respiratory embarassment was immediate. In case four the relief of dyspnea and pain through the withdrawal of only an ounce of blood would point to pleuritic reflex irritation rather than pressure as a probable eiological factor of the symptoms mentioned. All four cases recovered and were evacuated seven days after all respiratory embarassment had disappeared.

Penetrating wounds include those with the lodgment of a foreign body in the pleural cavity, and those complicated by the retention of fragments in the lung itself. Of the former there were several instances which are not included in this report, as in none was aspiration necessary. If the projectile is impacted in the pleural opening and can be reached in the course of the debridement of the external wound, its removal is preferable. Care must be taken, however, during the necessary dissection, to prevent the accidental detachment and subsequent escape of the foreign body to an inaccessable part of the pleural cavity, either by firmly grasping it with a tenaculum or by passing a needle beneath it, for it is quite like the joint mouse in its lack of toleration of restraint.

The removal of foreign bodies that have already reached a portion of the pleural cavity remote from the wound entrance, should be attempted only in case they cause undue irritation or lead to infection. Their successful removal usually requires extensive exposure, a procedure which, in view of the proximity of the necessarily infected wound of the chest wall, readily leads to infection of the entire pleural cavity. In this group of cases, as well as in the much more common group in which it has lodged in the lung, the surface of the fragment seems at times to have been cleansed of infectious and foreign material by contact with the divided soft parts of the chest wall, for while the extra-thoracic path of the projectile frequently becomes infected, portions lying within the pleural cavity or the lung generally escapes.

The second and by far the most common group of penetrating wounds of the chest includes those in which the projectile has lodged in the lung tissue. The question of its immediate removal or of leaving it undisturbed has been a subject of frequent debate.

Of the 15 cases herewith reported, in which the associated hemo-thorax required aspiration, 13 recovered and two died. Of the latter, one had already developed a serious pleuritic infection prior to admission to the hospital, while the other was complicated by a pericarditis. In neither did the condition of the patient justify intervention. Those who recovered were evacuated after the complete subsidence of all pulmonary symptoms, usually at about the tenth day and in none before the expiration of a week. Apart from the relief of the associated hemo-thorax, which, in two instances, required a thorocotomy under local anæsthesia on the 5th and 6th days respectively, the treatment was conservative and the patients were evacuated with the projectile still in situ. Thorocotomy was done only after two attempts to aspirate had failed. In all of these cases, as in the four instances of perforating wounds, aspiration promptly relieved both the dyspnœa and the pain. No infection developed, although aspiration, and particularly thorocotomy, done under conditions of war surgery, might easily lead to that complication.

Aspiration was usually done on the second or third day when it was evident that the circulatory and respiratory disturbances were not subsiding, and an average of from one to one and a half litres of blood and serum were removed. In one instance, after the removal of one and one-half litres of blood at the end of 48 hours, two additional litres were removed 5 days later. In the interval there had been no indication of hemorrhage and the character of the aspirated contents pointed to the original bleeding as the probable source of the "recurrence." In no instance was aspiration followed by a renewal of the hemorrhage, a fact that appears to controvert the theory that the removal of a large quantity of pleural contents predisposes to subsequent bleeding. To remove only a small portion of the extrasavated blood in hemo-thorax at any one time, is therefore unnecessary as well as undesirable, for repeated aspirations at frequent intervals are doubtless harmful to patients in a depleted condition who are fighting for breath and suffering from a lack of adequate circulation.

Apart from aspiration, the question of the immediate removal of the fragment from the pulmonary tissue has been, as already mentioned, the subject of considerable debate. Its immediate removal is unquestionably associated with a much higher mortality than allowing it to remain undisturbed, which may well be ascribed to a condition of lowered vitality, and therefore of diminished resistance, due to one or more of the following factors:

To exposure before and after the receipt of the injury; to insufficient nourishment; to the associated hemorrhage, either externally, internally or into the pleural cavity; and to the transportation to the hospital which is rarely reached before expiration of from 6 to 24 hours. Furthermore, the risk of an attempt to remove the foreign body is increasd still more by the formidable character of the operation with the inevitable loss of blood, which in view of the general condition of the patient is sufficient to determine a fatal issue.

Finally exposure of the lung, essential for the removal of a foreign body therein located, establishes a large communication with the already infected portion of the wound in the chest wall and thereby predisposes to the extension of the infection into the pleural cavity.

On the other hand, by conservative treatment, opportunity is afforded for almost complete restoration of vitality and if the development of infection, or later on, the continued irritation of the foreign body justifies operation, it may be done under much more favorable conditions and with much greater chance of success. Although as yet the writer has seen no publication of pathological conditions arising from infection proceeding from the retention of high explosive fragments in the lung, it is reasonable to infer that the resulting abscess would be circumscribed, and that its contents might either spontaneously discharge into a bronchus or else, approaching the chest wall, result in a localized empyema in which event the opening of the abscess and the removal of any foreign material which it might contain could be easily and safely accomplished. As a matter of fact, several cases which followed this favorable course, were observed by the writer in base hospitals around Tours.

The cases here reported, indicate that immediate infection is uncommon. In one instance infection had already occurred prior to the admission of the patient and was unquestionably chiefly responsible for his death. Unfortunately none of the other patients who recovered were evacuated to any of the hospitals to which the writer was subsequently assigned as consultant, and the final results cannot at present be determined. The writer has learned in a general way from those colleagues in whose care some of these patients were placed, that their further course was quite satisfactory and that the removal of the retained foreign bodies did not prove necessary. This fact strengthens the contention that pleuritic or pulmonary infection is unlikely to develop in patients who remain free from such infection for a period of ten days after the receipt of the injury.

Whether infection will subsequently occur in the pulmonary tissue adjacent to and inclosing the projectile, can only remain a matter for conjecture. The susceptibility of the lung to infection, as compared with other organs, presents a most interesting topic for investigation. Yielding easily, for example, to the tubercle bacillus, is it more or less resistant to other organisms, especially to those of a pyogenic character? Whatever the actual explanation, it seems reasonable to infer that, as a general rule, fragments of high explosive shells, many of which originally carried agents of infection, will remain in the lung quiescent indefinitely.

Of the open sucking wounds of the pleura no mention has been made. Their prompt

closure at the earliest opportunity is considered by all essential. This closure, in order to avoid tension, should be made when necessary, by the insertion into the opening of a musculo-aponeurotic flap in order that the reopening of the pleural cavity may be avoided, a condition which seriously threatens the life of the patient.

In conclusion attention is directed to the serious character of infection attacking an entire pleural cavity and to its lack of resistance in comparison with the peritoneum. One instance of this kind has already been mentioned, in which after 48 hours, the death of the patient occurred and several other instances of similar infection, due to the penetration of foreign bodies, have been observed by the writer in civil practice. They are best treated by prompt and relatively protracted drainage at the most dependant angle of the pleural cavity, a counter opening being made for that purpose, whenever necessary.

The writer wishes to acknowledge his indebtedness to Captain Harold F. Budington of Springfield, Mass., for his kindness in the preparation of the abstract of the histories of these cases and for his conscientious care of the patients themselves.

CASE ABSTRACTS.

PERFORATING WOUNDS OF THE CHEST:

Case 1. Machine gun bullet from outer end of right clavicle to lower end of right scapula. Aspiration 48 hours later withdrawing half a pint of serous fluid, followed by immediate relief of sense of weight and pressure over chest with improvement in breathing. Evacuated at end of week in excellent condition.

Case 2. Machine gun bullet from 3rd rib anteriorly to 9th rib posteriorly on right side at a point two inches below angle of scapula. Aspiration of 6 ounces of bloody fluid 48 hours later on account of dyspnœa cough with bloody expectoration. Immediate relief of these symptoms followed. Evacuated in good condition at end of a week.

Case 3. Shrapnel wound entering upper right chest below outer end of clavicle, the wound of exit being in the back on the same side. Dyspnœa and rusty sputum. Aspiration at the end of 72 hours withdrawing one and one-half quarts of bloody fluid with marked relief of the dyspnœa. Evacuated later in excellent condition.

Case 4. Shrapnel wound below middle third of right clavicle, foreign body being located a short distance beneath the skin near the inferior angle of the scapula from which point it was removed by a counter-incision. 72 hours after receipt of injury one ounce of clotted blood removed by aspiration, followed, notwithstanding the small amount, by relief of both the dyspnœa and pain. Evacuated in excellent condition one week later.

PENETRATING WOUNDS OF THE CHEST:

Case 1. Shrapnel wound just below left clavicle near the shoulder, x-ray disclosing the shadow of a foreign body moving with respiration. Patient was suffering from marked shock and dyspnœa. 48 hours after injury, one quart of bloody fluid removed by aspiration from the left pleura followed by considerable improvement in cyanosis and respiration. These symptoms, however, together with the physical signs of fluid still persisted, the bloody expectoration becoming muco-purulent. On account of the persistence of dyspnœa a second aspiration was done 7 days after the receipt of the injury, removing two quarts of dark bloody serum. For two days prior to the second aspiration the patient's temperature was from between 104 and 105, thereafter gradually diminishing to normal. Patient evacuated on 14th day, in good condition with only slight cough and no dyspnœa except on exertion.

Case 2. Shrapnel wound with point of entrance in left anterior axillary line two inches below the nipple, x-ray showing a small foreign body near left nipple moving with respiration. There was severe coughing and dyspnœa, due at least in part, to mustard gas burn of face and respiratory tract. 24 hours after receipt of injury withdrawal of clotted blood by aspiration. 4 days after receipt of injury aspiration was repeated. As only a small amount of clotted blood was removed and both pain and a dyspnœa continued a thorocotomy was done by Dr. Budington under cocaine on the following day removing a considerable amount of clotted blood and slightly blood-tinged serum, drainage being provided for a time with a rubber tube. Improvement of all symptoms with evacuation in ten days, the patient, at that time only coughing spasmodically.

Case 3. Multiple shell wounds, involving arms, legs, neck, abdomen and posterior part of chest, the point of entrance in this last mentioned site being near the lower border of the ribs in the anterior axillary line. There was intense shock with cough and dyspnœa. 4 days later, the dyspnœa was relieved by the aspiration of one quart

of bloody fluid, the patient being exacuated subsequently in excellent condition.

Case 4. Shrapnel wound of right chest, point of entrance being in the posterior axillary line below the angle of the scapula. There was cough, dyspnœa and bloody sputum. Two days after the receipt of injury, a half pint of sero-sanguinous fluid was aspirated with relief of both dyspnœa and pain. Evacuated in good condition.

Case 5. Shrapnel wound with point of entrance in the right posterior axillary line on a level with the inferior angle of the scapula. X-ray showed foreign body moving with respiration. There was marked emphysema with pneumo-hemo-thorax and constitutional symptoms of infection,. On the third day one and one-half quarters of foul bloody fluid with much air were removed by aspiration. Although relieved somewhat of pain and dyspnœa, the septic condition continued unabated, the patient dying on the following day from the orginal hemorrhage and sepsis. In this patient an immediate thorocotomy under a local anæsthetic might have proved of value. It was not done owing to the serious nature of the patient's general condition.

Case 6. Foreign body with point of entrance in the back of left chest penetrating both the pericardium and the left pleura, and seen on x-ray to move with the heart. The physical signs indicated an increasing amount of the fluid contents of both serous spaces and 48 hours after the receipt of injury one and one-half quarts of bloody fluid was withdrawn from the pleural cavity. The patient was evidently progressing satisfactorily when death suddenly occurred eight hours later from cardiac failure. Unfortunately no autopsy could be made.

Case 7. Shrapnel wound of left chest with marked hemo-thorax. 3 days after receipt of injury a small amount of clotted blood was removed. Two days later, as marked cyanosis continued and another attempt to aspirate failed, a thorocotomy was done by Dr. Budington under cocaine with immediate great relief of dyspnœa and disappearance of the cyanosis. Evacuated on the 27th day in excellent condition.

Case 7, 8 and 9 present no special features of interest. In all one quart of blood was removed on the third (two) and fourth days respectively. All recovered and were evacuated in satisfactory condition.

Cases 11, 12, 13, 14 and 15. These patients recovered and were evacuated, but neither the amount of blood nor the time of aspiration are mentioned in the history abstracts.

CHILD WELFARE WORK IN FRANCE.*

By JOHN C. BALDWIN, B. S., M. S., M. D.,
Baltimore, Md.

The Children's Bureau of the American Red Cross was organized early in August 1917, with headquarters in Paris. A general survey of conditions was made to determine what were the greatest needs of the children, what agencies already existed to meet these needs, and where our large resources in material and our very limited resources in personnel could be best used to supply the deficiency between these two.

France was in a dilemma. Her death rate was high. Many factors entered into this: the losses on the battle field, deaths due to increased industrial pressure and poor food, and finally the high mortality among the dislocated populations, those who had been forced to seek homes in new parts of the country due to the inroads of the Hun, (these were the so-called refugees). And coupled with the high death rate, was a low birth rate. This latter rate had been low before the war, lower than in any civilized nation, but during the war it had fallen still further. The causes of this added decrease were manifest. The men were mobilized and away from home. The women were in the war hospitals, or taking the men's places in the industries, or engaged in the great war industry of making munitions. The very life of the nation was hanging in the balance, every possible shell must be turned out to help the men fighting at the front. They could not stop to have babies. And so the births fell till they numbered for a year 80,000 less than the deaths

During our survey a number of special situations created by the war came to our notice. In the long thinly populated strip, which stretched, immediately behind the lines, from the Coast of Belgium to the Swiss Frontier there was practically no medical help for the people. This was particularly true in what was known as the devastated district in Northern France. The Battle of the Somme had driven the Germans from this territory, which they had dynamited during their retreat; and to this levelled land the farming population, and the shop keepers had returned. Here districts a hundred or so miles in area con-

*Address delivered before the New Jersey State Pediatric Society, Spring Lake, N. J., June 23, 1919.

taining thousands of children were without medical aid. At Evian on the Franco-Swiss border another by-product of the war brought suffering to the children. Some five hundred children arrived there daily from Germany. And for them as they passed through Evian there was no medical attention. Finally strewn broadcast over the country were groups or colonies of children, either orphans, or those who had been moved from the forward areas because of danger of shell fire or gas, in many of which colonies in spite of a high sick rate, there was no medical supervision.

The French had of course sensed the danger of their situation. For years the falling birth rate had attracted the attention of the advanced thinkers among the medical profession, and among the legislators. As early as 1874 the law of M. Roussel had aimed at the protection of children placed in nursing homes. Numerous societies had been formed to aid the child. The Clinics of Pierre Boudin in Paris, founded in 1892, represent probably the first example of our present infant welfare clinics. Milk stations and co-operative societies for the assistance of women during pregnancy were also in operation. With the outbreak of hostilities all these agencies had received a new incentive and an added impetus. Senator Paul Strauss, himself a physician, had introduced and carried through a law which provided financial help for the mother during the critical weeks before and after the birth of her child. The employment of pregnant women in the factories called forth much discussion which resulted in a compromise, all factories employing women were required to have inspectresses who should control the work and provide for the rest of pregnant women, rooms were arranged where mothers could nurse their babies and, as a natural development, nurseries were established at the factories where the babies could be kept and cared for while the mother worked.

But as the war dragged on, more and more of the doctors and nurses engaged in welfare work had been mobilized, and those who remained at home found themselves so overwhelmed with the care of the ill, that slowly the work lapsed, till in 1917 the organizations were for the most part a name only ,having neither funds nor hands to carry on the work. In other words the French had reached the point where they could no longer maintain their pre-war work among the children, and had not the reserve to meet the new problems peculiar to an invaded country.

When the Children's Bureau took stock of the resources which it could employ in this crisis, the inventory was as follows: The success of the Red Cross drives at home assured us of adequate funds. We had at our disposal a certain amount of tonnage in which to carry to France clothes, bedding, drugs and hospital supplies. Six pediatricians we had, and could count on a score or so more. Nurses we felt that we could get a-plenty. (How wrong we were in this last assumption became apparent when a year later our work was all but brought to a close by the demands upon us for nurses by the military authorities.)

The campaign which was evolved, by which we helped to accomplish the most with these resources, fell under four heads, namely, material aid to existing organizations, the meeting of special situations caused directly by the war, intensive welfare work in the large cities to serve as a model for after war reduplication, and lastly propaganda looking to the education of the people in matters of infant and child hygiene. These four types will be taken up more in detail, with particular emphasis on those constructive elements which may prove of value in welfare work under normal conditions.

Material Aid to Existing Organizations: Numerous societies came to our attention whose work for children was curtailed by lack of funds. Some of these we enabled to resume and sometimes extended their activities. We were able to supply them not only with money, but also with food stuffs, clothing, and other essentials, some of which were difficult to obtain in the French markets. In return we exerted a certain amount of supervision over them, in order to make sure that the funds were wisely used. We found that the French as a rule carried on their relief work very economically, with remarkably little outlay for overhead expenses. And no case came to our notice where any funds were diverted to selfish ends.

Special Situations: We had been established but a few days when an appeal for help came from the town of Nesle in the Somme Valley. Investigations showed that there, and in the surrounding villages some 1200 children, most of whom had been in the hands of the Germans till March 1917, were existing in the tumbled ruins which the enemy had left in place of their homes. They were badly clothed, badly fed, covered with vermin and sores, and there was no one to give them medical care. So in Nesle we established a little hospital and

a daily dispensary. The hospital soon became a distributing point for food and clothing as well. Here was started, too, the "traveling dispensary," which proved so valuable in covering large rural districts.

A Ford ambulance was equipped with drugs, dressings and concentrated foods and each afternoon made visits to outlying towns. Sometimes one, sometimes three or four of the smaller villages would be visited in an afternoon. Clinics were held in any available place, by choice in the school, where the presence of the children and disciplinary influence of the teacher enabled us to reach large numbers in relatively short time. In some villages the peasants gathered about in the street, and were treated in the open air. Those who were seriously ill or needed special treatments were taken in the ambulance to the hospital. This idea of a traveling dispensary proved so workable in reaching scattered groups of people that it was put into use all along the front.

Nesle was but one link in the chain of children's clinics which stretched along the zone immediately behind the battle front. In Amiens there were two dispensaries and a hospital. At Blerancourt, the American Fund for French Wounded had a station. At Chalon, a group of English and American friends under the patronage of the American Red Cross did admirable work particularly in their maternity and postnatal clinics. Further south another Red Cross group with headquarters in Toul had a more extensive organization. They had quarters for over 500 children whose homes had been destroyed, or were under shellfire. There was also a hospital, and a wide ring of traveling dispensaries. This territory connected with the U. S. Army zone, where the civilian work was under the direction of Col. Hugh H. Young. These war zone activities were full of hardship and of drudgery which was made bearable only by the tangible evidences of good done. In whole districts children who had never known what it was to play, children crusted with sores, and flabby from poor diet, became rosy rollicking normal youngsters. And the work was not without its thrills. Air raids were common through all this region. At Nesle there were beds in the cellar to which the patients were carried whenever the town was bombed. This hospital at Nesle was later captured, the escape of the staff with the successful removal of all the patients forming one long succession of thrilling adventure. One of our dispensary buildings in Amiens had its whole back blown off by a torpedo. The Maternity Ward at Toul was established and in operation within 24 hours after a former one situated at Nancy had been demolished by shell fire.

At Evian the French were confronted with the stupendous task of caring each day for two convoys of their compatriots who were being sent back by Germany from the occupied districts. These repatries were those who had been taken in the first rush of the barbarians in 1914, and who because they were too old, or too young, or too ill to work, were no longer worth feeding, and so were being shipped back exhausted to their native land. How difficult the situation was may be realized when one considers that Evian is a town of but 2,000 inhabitants, and that daily there flowed in some 1,200 people. To make matters worse, these repatries had no idea where they would find their friends or relatives; they were worn out and dazed by their long journey on which they had been herded from place to place for days; and finally many were too old to care for themselves, or too ill to walk. The solution worked out by the Department of the Interior for this problem was a work of genius. An information bureau gave the location of friends, a bathing establishement sterilized their clothes and gave each person a shower bath. A medical examiner picked out frank cases of tuberculosis, lodgings were provided, and food. And so the constant stream poured through. Very many of the children (and nearly one-half of each convoy were children) were suffering with contagious diseases. We often wondered, so high was the percentage of infection, whether the Germans were not intentionally picking out children whom they knew to be infected, in order to spread disease through France.

To the American Red Cross the Department of the Interior turned for help with these children. The riddle of course admitted of no solution. Imagine a typical convoy including 300 children, in it were perhaps two cases of diphtheria, a case of scarlet fever, half a dozen cases of mumps and whooping cough, and twenty of scabies. For four days these children had been crowded together like sheep. To prevent the spread of infection to the interior, every child in every convoy would have to be kept under observation for three weeks. Three hundred children to a convoy, two convoys each day for 20 days equals 12,000 children. But their parents must stay too, so

add another 5,000—17,000 people in a town of 2,000. Impossible! So the bureau contented itself with an examination of every child. Every recognized case of transmissable disease was detained. Scabies cases were turned over to the French authorities and were given a course of sulphur baths. Other diseases went into our own hospital. This in its former days had been a large hotel, and adapted itself remarkably well to the demands of a contagious hospital. Of the 200 beds about one-half constituted the isolation wards, the remainder were for other conditions which made the child unfit to travel. Here the problem was always to get the patient in condition to move as rapidly as possible. Because of the pressure of fresh convoys, cases could not be allowed to accumulate. And so a chain of special hospitals developed. These were situated in and about Lyons, which was the first large town on the direct route from Evian towards Paris. There, there were a large general hospital, a contagious hospital, a hospital for tuberculous suspects and an extensive convalescent home. So an attempt was made, even though we knew that complete success was impossible. Our filter was very porous, but it was vastly better than no filter at all.

In all the big cities back from the lines were congregated the refugees who had fled south and west before the Hun advance. They were miserably housed, poorly fed, and an easy prey to disease. To meet this condition there were established throughout the country a number of medical centers with hospital and dispensaries; Marseilles, Bordeaux, Lourdes, Amiens, to mention but a few. In each instance emphasis was placed upon dispensary work, as it was felt that in that way a limited staff could do the largest good. To the hospitals were admitted only those who were a menace to their families, or who could not be cared for in their homes.

Constructive Work: These activities valuable as they were, after all, had no permanency. They were but temporary means to meet the unusual conditions. We felt that we wanted to make some constructive contribution to France, which would have value after conditions had returned to their normal state. On looking over the field we found one respect in which America seemed to be far ahead of France. Infant Welfare Work, although originating in France, had in America been elaborated to a far more potent factor than in its native land. In particular was this true of visiting nursing, which was practically unknown in France. And so we determined to carry on, at first in a limited field, a very intensive infant welfare campaign. Fortune favored us in the selection of the district in which to inaugurate our plan. The 14th Arrondissement in Paris was the territory selected. Here we had a densely crowded industrial population of the poorer sort. Housing conditions were poor. The infant mortality (as calculated for us by the statisticians of the Rockefeller Foundation from the available data) reached the astonishing figure of 400 per 1,000 during the first year. The reason for this death rate we learned, lay in the fact that the mother, as soon as she was strong enough, weaned her baby and returned to work in the factory, leaving the infant to the mercy of an older sister or an aged grandmother, or worse still, farming it out to a "home" where its chances of living the first year through were little better than zero. In the Mayor of the district, M. Brunot, we had one of the most intelligent, enthusiastic and co-operative men to be found anywhere. He grasped at once our aims and our methods, and threw all of the authority and resources of his position into our project. With M. Brunot's assistance, we called together all in his district who were active in Child Welfare Work. Under his tactful guidance these agencies joined with the American Red Cross in forming the "Patronage Franco-Americaine de la Premiere Enfance." The existing societies were induced to drop their petty quarrels. The Arrondissement was divided into four sectors, two were in the hands of the two existing welfare stations, and in two the Red Cross developed its own clinic. The method of operation was as follows: Each morning the Mayor's secretary sent to the headquarters of the Patronage cards which gave the name, address and other valuable data of every infant who had been born in the district during the preceding twenty-four hours. Each infant was at once assigned to the clinic in its district and became the charge of that clinic. During the first four days of life every child was visited by a trained welfare nurse. Where our own nurses were not sufficiently familiar with the language they were accompanied by a French aid who was learning our methods. The mother was given proper advice as to the care of herself and her infant. Deficiencies in clothing and food were noted and supplied. Within a week the family was again visited and the mother urged to go with her child to the Welfare

Clinic. Practically all of the mothers availed themselves of this opportunity. At the clinic a trained pediatrician was in attendance who weighed, measured and carefully examined the baby. Details of its care and feeding were painstakingly explained. Especial emphasis was laid on maternal nursing. Each mother was made aware of the fact that under the provisions of the Loi Strauss she was entitled to one franc, 75 per day for the four weeks following the birth of her child. In addition, in the cases where financial conditions were difficult we stood ready to augment this allocation, and to continue it for a period of five months, provided always that the mother would care for and nurse her baby. In the rare cases where the mother could not nurse her baby, we made sure that she received an adequate supply of good cow's milk, and gave her written directions as to the preparation of the formula. The co-operation which we obtained from the mothers far exceeded our expectations, they came regularly to the clinics, became interested in the progress of their babies, and fell in at once with our regulations (new to them) for definite hours of feeding. When they realized the importance of mother's milk for the babies most of them readily agreed to continue nursing. The percentage who sought financial help was surprisingly below what we had expected. Two very careful sets of records were kept, one of the social condition of the family with details as to any assistance which might be given, the other a medical card which contained a history, physical examination, with columns for date, weight, feeding, etc. In addition to the consultation at the clinic, each family was visited in the home at least twice a month by the visiting nurse. This scheme which soon became generally known as the "Fourteenth Arrondissement Plan" was characterized to sum them up by several features. Every child born in the district was visited during the first week. Every mother could avail herself of expert medical examination and advice. In the clinic it was the rule that every child, whether it be at the first or at a subsequent visit, after being weighed should be brought in to the examining physician naked, so that no untoward condition might be overlooked. The importance of maternal nursing and regular feeding hours were emphasized. And finally when necessary, the mother was aided financially to continue nursing her baby.

The success of the plan was immediate. It had been in active operation less than a month, when the Minister of the Interior became interested. He sent to us his first assistant with a request that we duplicate the plan in other localities. As a proof of the genuineness of his support he sent from the government a grant of money to be used in carrying out our work in the 14th Arrondissement.

Other districts were developed along the same lines as rapidly as possible, in each case the majority of the governing board being made up of French people, so as to insure permanency of the work after withdrawal of the American Red Cross. We have hopes that we may see developed in France during the next few years a nationwide society made up of units organized on the 14th Arrondissement's plan, whose aim it shall be to reach every baby born in the Republic.

In addition to the infant clinic, children's dispensaries were established throughout Paris, wherever our survey showed that there was not already in existence adequate provision for the sick child. A big central dispensary in the heart of the city served as a clearing house to which cases could be sent for consultation, or for special treatments. In this building also American dentists were installed, who looked after the oral hygiene of our children.

It may be interesting here to mention briefly the types of cases which made up the general run of our work. Every sort of pathological condition was of course encountered, just as in dispensary work at home, but to those of us who had had experience in large city clinics certain things stood out. Diseases due to poor nutrition and bad hygienic surroundings were overwhelmingly in the majority. Scabies and impetigo were almost universal. Crusted vermin infested scalps were so common that some of our dispensaries ran special "head clinics." Blepharitis and phlyctenular conjunctivitis were common. Intestinal parasites were very frequently encountered. Enlarged tonsils, adenoids and bronchitis were more prevalent than at home. On the other hand diarrhoeal conditions were singularly rare. Of tuberculous patients, a large proportion showed bone and gland lesions and a smaller proportion pulmonary lesions, than we were accustomed to meet. Another point which impressed us was that we were much more apt to see any disease "full blown" than at home. People waited longer about visiting the doctor, and we saw disease processes in their advanced stages uninfluenced by treatment.

For children too ill for ambulatory treatment we had the very excellent children's hospitals of the city at our disposal. These were under-staffed, but they were still up to standard, having as they did, men like Guinon and Marfan as their chiefs. For incipient tuberculosis, the Rockefeller Foundation furnished us with wonderful facilities a few miles south of Paris. Here in the huge park of an old chateau were erected ten barracks, each of which accommodated thirty children. Good food, fresh air and freedom from the tense atmosphere of a city under shell fire, did wonders for these cases.

When it was found by our dispensary workers that very many of the children with whom they had to deal were undernourished,dieticians were set to work to determine the best way to remedying this condition. It was learned that for the children of school age, which in France means from three years on, the principal meal of the day had always been the mid-day dejeuner provided by the school canteens, but that the activities of these canteens had been recently much restricted because of the war. Therefore in the poorer sections of the city we distributed tons of nourishing food to be used in the school canteens. In one of the poorest Arrondissements the children had in the past received a bun and a cup of chocolate at the close of the afternoon session, to assure them of something before going to bed. In order to replace this "goutte," as it is called, it was necessary to rent a disused bakery, reinstate the old manager, and supply her with flour and milk. With this outfit at work, we turned over to the schools of the district between four and five thousand rolls a day.

In Le Havre, medical work was undertaken under the patronage of the Belgian Government for the 20,000 Belgian refugees who were gathered there. Several new and admirable features of the dispensary work there merit discussion. The most notable of these was dispensary visits by appointment. Instead of telling a patient simply to return on such and such a morning, he was instructed to return on that morning at a stated hour—which hour was kept open for him. The results of this simple procedure were far reaching. Crowding together of sick children was eliminated; even with a dispensary running 50 cases a day there were seldom more than 6 in the waiting room at a time. This did away with very much of the noise and confusion which are so trying to the waiting children. It lessened materially the danger of infection. It made the doctor's work more uniform, as he could examine each case at his leisure without being influenced by the pressure of waiting patients. And not least important it saved much time for the patients. How seldom we stop to think that the loss of an hour by a dispensary patient as he sits waiting to be seen by the doctor, may be as much felt by him, as the loss of the same length of time by the busy physician!

A second innovation was the routine inquiry into and correction of the diet of the patient, even in cases in no way related to the digestive system. The tedious work of eliciting from the patient the daily menus of the child was entrusted to lay assistants who became very adept. This data was reviewed by the physician, its faults pointed out and a correct diet worked out for the patient. Like all other instructions to the patient, this list was in writing, a carbon copy on the history sheet forming a permanent record for the files. This routine dietary regulation proved a very valuable addition to the usual dispensary procedures.

Propaganda: Another weapon with which the Children's Bureau sought to combat infant mortality was propaganda. Posters calling attention to the health of the child, the value of careful maternal feedings, the danger of the fly, the means of preventing tuberculosis and many related themes were printed and placed in the hands of our various clinics. They were used in the dispensary itself, and frequently pasted in prominent positions around the town as well. A series of postcard reproductions of these posters were distributed to the patients. Cleverly worded and illustrated booklets on the care of the child, the prevention of tuberculosis and the care of the teeth were also available for distribution.

The next step was to place upon the road a traveling child exhibit, or "Baby Show" as it was better known. This was a very unpretentious outfit consisting of a few panels on the care of the baby and a cinema illustrating the advantages of maternal nursing. Demonstrators, both American and French mingled with the visitors, explaining the posters, and exciting their interest in the proper care of the child. This type of work struck a very responsive chord in the French make-up, and it was decided to stage an exhibit on a large scale. Lyons was chosen for the first appearance. A splendid building used at other times for automobile shows, and situated in the main square of the city was obtained. The walls were hung

with an elaborate series of posters. In a glass booth the care and feeding of babies was demonstrated by American nurses on real infants, while a French lecturer kept up a running fire of explanation. In another booth an American dentist cleaned, repaired and (when they were loose and came out without pain) extracted teeth. There were miniatures of model play-grounds, of model nurseries, dairies and hospitals. There were moving picture shows and a Punch and Judy, which by the way is a recognized method of public instruction in France. The total attendance for the three weeks of the show in Lyons was 170,000. About 40,000 school children accompanied by their teachers went over it in detail, returning to the schools to write papers on what had most impressed them. The show was such a success, that it was put upon the road, and visited in turn the important industrial cities.

This completes the outline of the main activities of the bureau. There were, however, a number of supplementary ones which may just be mentioned. These were play-ground, and kindergarten work, juvenile delinquency, trade education, bureau for the adoption of French orphans, and short courses for visiting nurses.

Conclusion: We covered the ground completely even though the covering was in many places lamentably thin. As to the value of what was done, it will take years to determine. The emergency relief work helped a few thousand children and made many warm friends for America. The constructive work, if the seed takes root, will be bearing fruit a generation hence.

In conclusion, two by-products of our work should be mentioned, one of direct bearing on the war, the other of importance to the work here at home, which may in the long run prove of much greater value than will the work itself. The first was the effect of our work on the French morale. We reached France at the darkest hour of the war, at the time when the British attack in Flanders, which was expected to break the deadlock that had existed for three years was meeting downpours of rain which doomed it to failure. The collapse of Russia had just freed for the Western Front many fresh German divisions. France was flooded with Hun propaganda. America had been in the war but a few months, and France like all the rest of the world lacked the prophetic vision to see the miracle of ships and men which the next year was to bring forth. She was fighting gamely with her back to the wall, but it was a losing fight and she knew it.

Then the American Red Cross Welfare Campaign spread itself over the country. It reached the discouraged laboring man and made him feel that a great new force was at work in the land. The soldiers in the trenches received letters from home telling that their children were being cared for by the American Red Cross, and they fought on with lighter hearts and grimmer determination. Meanwhile in ever increasing numbers American troops were pouring into France. Hun propaganda of hate and destruction had been met and vanquished by the American Message of Sympathy and Helpfulness. The critical period was passed and the Victory won.

The other by-product is less tangible. It is something in the minds and hearts of those who took part in the work over there, the doctors, nurses and social workers. They have seen what can be accomplished by co-ordinated effort along all lines of child welfare. And they have come home with a vision. They are all working, some openly, some quietly, toward a unification of all child welfare work in America under one powerful head—perhaps the Red Cross, perhaps the Federal Government. They see the endless possibilities of such union for the betterment of the child. And they will not be satisfied till their vision becomes a reality.

QUACK REMEDIES SEIZED.

Four hundred and fifty seizures of so-called remedies for social diseases have been made recently under the food and drug act by Federal officials, who have inaugurated a campaign to suppress this variety of "quack" medicine. In making the announcement on Aug. 31, the Bureau of Chemistry of the Department of Agriculture, Washington, D. C., issued a general warning that use of such "remedies" was dangerous and likely to lead to a long period of suffering. "The goods seized include a great variety of compounds," said the bureau's announcement. "Some of the labels bear the claim of the manufacturer that the contents are sure cures. In all the seizure actions the government alleged the preparations to be falsely and fraudulently labelled. Such preparations are sold largely because of plausible but false claims regarding their curative effect. Many sufferers are led to believe that cures will be effected by these preparations, and adequate treatment under competent medical supervision is neglected until permanent injury to health and even danger to life has resulted."

How long shall the money grabbing nostrum venders be allowed to trifle with the health and destroy the lives of our citizens? Ought doctors to patronize druggists who sell such nostrums?—Editor.

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DEFERRED PAPERS.

The large number of pages required for the insertion in this month's Journal of the Official Transactions of the annual meeting of our State Society, prepared by the Secretary for this month's issue, compels us to defer the insertion of the four Original Articles specified below. They will be inserted in the October Journal with some editorial and other matter that are also deferred: "Cesarean Section from a Conservative Standpoint," by Dr. N. G. Price, Newark; "Production and Conservation of Mothers' Milk," by Dr. E. W. Murray, Newark; "The Influenza-Pneumonia Epidemic," by Dr. E. H. Willan, Arlington; "Secondary Disabilities from War Wounds," by Dr. Frank W. Pinneo, Newark.

OUR JOURNAL'S VALUE TO ADVERTISERS.

The Editor acknowledges with thanks a very complimentary letter received from the manager of the Co-operative Medical Advertising Bureau, Chicago, in reference to our Journal. A becoming modesty prevents our quoting his words of commendation of our Journal and we refer to his letter only to let our advertisers know that he rates our Journal as one of the best advertising mediums of the 27 State Society Journals on the Bureau's list. We shall endeavor to keep it so for our own and our advertisers' benefit.

YOUR COUNTY SOCIETY.

The doctor's vacation season is over and as another year's work is begun, it is a matter of vast importance that we consider the far greater responsibilities that will hereafter rest upon us in upholding the honor and maintaining the efficiency of our profession. The health insurance scheme, the increase of quackery and nostrums and other evils are threatening the standing, if not the very life of our profession as an honorable and serviceable body. We therefore urge the taking up of our various county medical societies' work at once with greatly increased attendance, interest and efficiency, and that a determined, well-planned, persistent effort be made to bring into the society every qualified and honorable practitioner within the society's bounds. *We must have a far more thoroughly organized profession if we are to overcome the evils that threaten us.*

We also urge *prompt* reports to the Journal of every meeting held. Otherwise we shall be tempted to infer that little is being done that is worth reporting. Most of the societies elect officers in October. We ask them to elect reporters who will report. That office is not a mere honor conferred to please the one selected; it is next to that of secretary the most important, and a good report of a society that is doing good work reflects honor on both him and his society. During the coming society year we ask our readers to scan their society's record as it appears in the Journal, and to endeavor to give their reporter something to report that will show that the society is alive and doing its duty—increasing its members' scientific knowledge and transacting its business in a business-like way.

We urge these matters knowing that we have a State Society whose record we have abundant cause to be proud of, but whose future depends largely upon the character, work and efficiency of our county medical societies.

The secretary of every county society is urgently requested to send to Dr. W. J. Chandler, Secretary of the State Society, South Orange, the names of all officers elected at their respective annual meetings, *as soon as possible after their election.* Failure to do so causes confusion in the work of the State Society and delays in correspondence with the county society, by the Secretary and others.

DOCTORS AND NURSES.

We take the following from the August issue of the Public Health News of the State Department of Health:

A doctor has written to the Department to learn if the Child Hygiene work, as it is being developed by the State of New Jersey, will interfere or conflict with the relationship of the private physician to the family.

It will be apparent to every one who understands preventive Child Hygiene work that the work of a Department of Health not only does not interfere with the legitimate practice of a private physician but offers him an opportunity to carry on his own work more effectively. In the first place, the work is restricted entirely to preventive hygiene, by which is meant that the nurses are permitted only to advise mothers how to keep their babies well and to visit the homes only when the infants and children are well, unless they are requested by an attending physician to continue their instruction in the care and feeding of the baby.

The nurses who are working under the direction of the State Department of Health are not permitted to do any bedside nursing or to treat sick children and have had, furthermore, definite instructions not to continue visiting any mother whose baby is under the care of a private physician unless they first obtain his full consent and approval. We feel satisfied that any criticism that may have been expressed by physicians could only have been the result of misunderstanding, as the doctors of the State of New Jersey have always been anxious to further any movement that will protect the health of the people of the State.

Correspondence.

Williamstown, N. J., Aug. 28, 1919.

To the Editor of the Journal,
Medical Society of New Jersey:

I wonder how long the indiscriminate tooth pulling is to be imposed upon the public. I am a firm believer in taking out diseased teeth. Is it necessary to have newspaper reporters interview you. To write articles for magazines and publish your photo?

The latest is The Electrical Experimenter. If a thing is good, should it not come through regular medical channels? Will this action bear the limelight of medical ethics? Is this a type of medical advertisement on the order of Lydia Pinkham's or so-called cures for all ills? L. M. Halsey.

Turn on the limelight, doctor, we have not met "The Electrical Experimenter" yet. We have no teeth or photos to spare, and have no use for Lydia's or her imitators' cure alls.—Editor.

Miscellaneous Items.

Medical Home Fund.—In the first few days of its campaign the Medical Society of the District of Columbia raised $50,000 toward its fund of $90,000 for the erection of a home.

Liverpool Physicians Organize.—Press dispatches announce that Liverpool physicians have adopted a resolution in favor of organizing on a trade union basis.

British Medical Federation.—Representatives of more than fifty medical, nursing, and pharmaceutical societies of Great Britain have united to form the British Federation of Medical and Allied Sciences. The federation, which is under the chairmanship of Sir Malcolm Morris, will protect the political interests of the various bodies comprised in its organization.

Bronx County Medical Society on Health Insurance. — At a recent monthly meeting of the Bronx County Medical Society resolutions were passed stating that it was the concensus of opinion of the members of the society that every member pledge himself not to act under any Health Insurance Act which might be passed but which had not the support of the society. Cards have been sent to each member of the society requesting his signature to these resolutions.

Taunton Doctors Raise Fees.—The physicians of Tauntain, R. I., have voted to raise their schedule of fees. House calls have been raised from $2 to $3, with $4 for visits between 6 and 10 o'clock in the evening, and $5 from 10 at night to 7 in the morning. Office calls will be $2 and telephone calls will be charged as office calls. The Taunton doctors claim that they are compelled to take this step to meet the increased cost of living.

Physical Reconstruction Treatment.—July 1, 25,600 officers and enlisted men of the army were undergoing treatment in twenty hospitals equipped for physical reconstruction work. These patients will be obliged to remain under treatment from two to four months.

Hospital Project for London by Americans.

American residents of London are founding a hospital in London which, it is believed will become the headquarters of American Medicine in Europe. At a meeting of the Royal Society of Medicine, committees were appointed to take charge of the project. It is intended to build an institution of the first rank, equipped with the latest scientific apparatus and costing at least $10,000,000. Subscriptions will be sought both in the United States and Great Britain. The Medical Committee for Great Britain consists of Sir William Osler, Sir W. Arbuthnot Lane, Sir Humphrey Rolleston, Sir John B. Sutton, J. Y. W. MacAllister and Philip Franklin. The Medical Committee for the United States consists of Drs. George W. Crile, Cleveland; W. J. and C. H. Mayo, Rochester, Minn.; Albert J. Ochsner, Chicago; Rudolph Matas, New Orleans, and Franklin Martin, Chicago.

Special War Items.

Honorable Discharges, Medical Corps, U. S. Army.

(Members of Medical Society of New Jersey.)

Baker, Raymond D., Summit.
Bernardinelli, Carmine G., Newark.
Blackburn, George, Newark.
Brown, Harvey S., Freehold.
Buvinger, Charles W., East Orange.
Conlon, Philip, Newark.
Cosgrove, Samuel A., Jersey City.
Cox, William W., Montclair.
Dodd, Samuel W., Montclair.
Donohue, Lucius F., Bayonne.
Duffield, Elias M., Glassboro.
Dwyer, Wm. A., Paterson.
Edwards, James B., Leonia.
English, John T., Newark.
Essertier, Edward P., Hackensack.
Fort, J. Irving, Newark.
Guion, Edward, Atlantic City.
Hilliard, Whilliam T., Salem.
Hirsch, Richard, Jersey City.
Knowles, James E., Tuckahoe.
Lingle, Charles P., Arlington.
McMurtrie, William A., Morristown.
Mark, Joseph S., Chrome.
Maxson, Cullen B., Jersey City.
Meeker, John L., Newark.
Mitchell, Charles R., Paterson.
Murn, Charles J., Paterson.
Paul, Frederick M., Newark.
Perlberg, Harry J., Jersey City.
Pinckney, Frank H., Morristown.
Pinneo, Frank W. Newark.
Rathgeber, Charles F., East Orange.
Reitter, George S., Newark.
Sacco, Anthony G., West Hoboken.
Schmidt, Walter W., Cliffside.
Sell, Frederick W., Rahway.
Teeter, John N. Englewood.
Torrence, James M., Phillipsburg.
Walker, Harold G., Wyckoff.
Wintersteen, J. Boone, Moorestown.
Wyckoff, James T., Leonia.

Medical Officers, U. S. Navy, Relieved from Active Duty.

Nichols, Stanley H., Long Branch.

Naval Officer Promoted to Rank of Commander

Areson, William H., Upper Montclair.

Navy Register.—The United States Navy Register for January 1, 1919, which has just been issued, contains the names of 54 medical directors, 93 medical inspectors, 70 surgeons, 90 passed assistant surgeons, and 966 assistant surgeons.

Personal Notes.

Dr. William C. Albertson, Belvidere, on entering his garage on the morning of July 31, found that his Ford touring car had been stolen.

Dr. Emma C. Clark, Dover, returned home last month from a visit to her old home at Pottsdam, N. Y.

Dr. James R. English, Newark, and family occupied their summer home, Belljian, Budd Lake, the past two months.

Dr. Horace M. Fooder, Williamstown, will probably be renominated for Assemblyman this fall.

Dr. William T. Good, Alloway, spent two weeks in Canada last month.

Dr. J. Wallace Hurff, Newark, and wife were registered at the Buckingham, Avon, last month.

Dr. Walter A. Jaquith, Chatham, and wife spent their vacation last month in Canada.

Dr. Edward H. Moore, formerly of Asbury has moved to 1176 Springfield avenue, Irvington.

Dr. Samuel E. Robertson, Newark, and wife spent some time in California last month visiting relatives.

Dr. Russell A. Shirrefs, Elizabeth, wife and son were registered at the Mountainside Inn, Culver's Lake, in August.

Dr. John R. C. Thompson, Bridgeton, spent a few days with his son at Niagara Falls last month.

Dr. Sidney A. Twinch, Newark, and wife were at the St. Claire last month.

Dr. George B. Witt, Newark, wife and son were registered at the New Windsor, Belmar, in August.

Dr. Walter E. Cladek, Rahway, spent some days at Barnstable, Mass., last month.

Dr. Aldo B. Coultas, Madison, and wife spent their vacation last month in Massachusetts.

Dr. H. Crittenden Harris, Glen Ridge, and wife spent a few days last month at New London. Conn.

Dr. George H. Landers, Morristown, spent his vacation last month in Massachusetts.

Dr. George H. Lathrope, Morristown, and wife spent last month at Edgartown, Mass.

Dr. Henry C. Pierson, Roselle, spent last month at Lake Champlain.

Dr. Charles D. Bennett, Newark, and family spent the month of August at Skyland, Virginia.

Dr. William J. Lamson, Summit, returned recently from an automobile trip through New England and New York State.

Dr. Arcangelo Liva, Lyndhurst, and wife spent their vacation at Newport.

Dr. Frederick P. Wilbur, Franklin, was one of the representatives of the Wallkill Golf Club in the match August 30th with the Palmerton, Pa., golf team.

Dr. John S. Conroy, Burlington, who went overseas with the 114th Ambulance Corps, has been promoted to the rank of captain.

Dr. Thomas B. Miller, Butler, recently returned from a fishing trip to Barnegat Bay.

Dr. Marcus W. Newcomb, Brown's Mills, was appointed by Governor Runyon last month as a member of the Burlington County Election Board.

Dr. Harry H. Bowles, Summit, and wife recently returned from an automobile trip through the South. Dr. and Mrs. Bowles, with Dr. and Mrs. C. B. Keeney, subsequently took an automobile trip through New England and the Adirondacks.

Dr. Harriet K. Burnet, East Orange, and family spent their vacation last month at Bailey Island, Me.

Dr. James Douglas, Morristown, and wife spent their vacation last month on a farm near Kingston, N. Y.

Dr. Britton D. Evans, Greystone Park, pre-

sented several jewels to Past Masters of Lodges on August 20, at Morristown.

Dr. Moses J. Fine, Newark, last month passed successfully the competitive examination for the position of chief of the tuberculosis division of the Newark Health Department.

Dr. Herbert W. Long, Newark, and family occupied their summer home at Budd Lake this year.

Dr. Elizabeth Marcelis, Montclair, spent a few days last month in Asbury Park.

Dr. Clarence R. O'Crowley, Newark, has been reappointed instructor in Genito-Urinary Surgery at the N. Y. Post-Graduate Medical School.

Dr. Charles A. Schneider, Newark, and family spent the month of August at Hyannisport, Mass.

Dr. J. Franklin Reeves, Elmer, captain in M. C., U. S. Army, since his return from France, has removed from East avenue to 157 North Pearl street.

Dr. Florence E. Voorhees, Newark, spent her vacation last month in the Thousand Islands.

Dr. A. Finkelstein, Newark, has changed his name to A. Elston Fink.

Dr. H. C. Voorhees, New Brunswick, and wife spent three weeks in Atlantic City.

Public Health Items.

Six Doors of Child Health.

1. A scale in every school.
2. Time allowed in every school day for the teaching of health habits.
3. A hot school lunch available for every child.
4. Teachers trained in normal schools to teach health habits.
5. Every child's weight record sent home on the monthly report card.
6. A thorough physical examination, with the clothing removed to the waist, at least twice a year for all school children.—School Life.

Mortality in Newark—Six Months 1919.

The deaths in Newark for the first six months of 1919 numbered 3,187, making an annual mortality rate of 14.8 per thousand of the population. This is a reduction in the mortality of 8.3 per cent. as compared with the previous six months. It is also extremely satisfactory to compare this rate with the corresponding first six months of 1918, where the mortality rate was 17.0 per thousand.

The ten principal causes of death for the six months of 1919 were due to

Disease	No. of Deaths	Mortality per 100,000
Pneumonia (both types)	499	116.0
Tuberculosis (all)	389	90.5
Influenza	265	61.6
Organic Heart Disease	279	64.9
Bright's Disease	272	63.3
Cancer	185	43.0
Congenital Debility	176	40.9
Apoplexy	169	39.3
Accident	166	38.6
Diarrhoeal Disease under 5 yrs	85	19.5
All other causes	702	326.0

The low death rate for the six months of 1919 is especially significant inasmuch as the deaths from influenza during that period were absolutely unprecedented in our city and naturally considerably boosted the average for this period. From this cause alone there were 265 deaths as compared with 24 during the same period of 1917 and 21 for 1918.

The Infant Mortality Rate.—There were 421 deaths under one year of age reported for the first six months of 1919, making an infant mortality rate of 77.1 per thousand births. This is a decrease of 27.6 in the rate of 1918.

Births.—There were 5,460 births in the city during the first six months of 1919, the birth rate being 25.4 per thousand of population. This is a decrease of 1.6 over the same period of 1918. The illegitimate births numbered 65.

Venereal Diseases.—Since the ordinance requiring the reporting of venereal disease came into effect in July, 1918, to June, 1919, the reported cases were as follows:

Syphilis, 505; gonorrhoea, 639; chancroid, 27.

Hospitals; Sanatorium

Ann May Memorial Hospital, Spring Lake.

A campaign for a fund of $100,000 for the new hospital building and its equipment was successfully conducted last month.

Bridgeton Hospital.

The following is the report for July:

Number patients admitted, 53; number discharged, 55; number operated upon, 37; number died, 4; number remaining in hospital, 22; births, 3.

Monmouth Memorial Hospital.

The dirve conducted by this hospital, at Long Branch, for $118,000 came to a close August 8. The total subscriptions reached $125,000.

Warren County Hospital.

At a meeting of those in charge of the hospital project held August 19, Dr. Charles B. Smith, presiding, it was decided to change their plans for a hospital to cost $300,000, and instead to erect one for $150,000. Work will be started at once to raise the money in a campaign that will embrace the entire county. Property worth $5,000 at the junction of Belvidere and Morris turnpikes, Phillipsburg, which has been offered as a site, was accepted by the trustees.

Bonnie Burn Sanatorium.

Dr. J. E. Runnels, superintendent, gives the following report for July:

On July 1st there were 217 patients present in the sanatorium, 123 males and 94 females. This number includes 30 males and 41 females in the preventorium. During the month 47 patients have been admitted, 25 males and 22 females. Nineteen of these admissions went to the preventorium. Among these 47 admissions there were 6 re-admissions. The admissions are classified as follows: Pre-tubercular, 20; incipient, 2; moderately advanced, 5; far advanced, 18; bone tuberculosis, 2. The largest number of patients present at any time during the month has been 226; smallest number, 214. Patients present July 31, 215.

OFFICIAL TRANSACTIONS
OF THE 153rd ANNUAL MEETING OF
The Medical Society of New Jersey
HELD AT SPRING LAKE, N. J., JUNE 24 and 25, 1919

FIRST SESSION.

Tuesday Morning, June 24th.

MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order by the President, Dr. Thomas W. Harvey, at 10.15 A. M.

You will please come to order. It is my first duty to thank you most heartily for the distinguished honor of being elected as your presiding officer. There is no greater honor in the gift of the profession that can come to the Jersey doctor: to feel that one has been judged worthy to be added to the long list of Presidents of this venerable Society is most satisfying to that innate desire which we all possess, to be thought well of by our colleagues.

It may interest you to know that I am the fourth president of the State Society to live at the corner of Main and Hillyer streets in Orange, and that I am the third one to come out of the office that I occupy.

Since our last annual meeting we have lost three of the officers of this Society. Men who have taken a very active part in its activities, and whose presence here added much to the success of our meetings: Dr. Henery Mitchell, a Fellow; Dr. T. N. Gray, our secretary, and Dr. Strasser, the chairman of our Publication Committee. It is part of our program that there shall be a short time devoted to their memories this afternoon.

It was particularly fortunate that Dr. Chandler could take up the work of secretary at once, as Dr. Gray died so soon after the annual meeting that all the records were in confusion.

Dr. Bennett kindly accepted the appointment to the vacancy created by the death of Dr. Strasser.

I will call your attention to the request that all who wish to address the Society on any subject, shall announce their names, and also come forward to the stenographer's table. All papers, except the regular address, are limited to twenty minutes, and discussion to five minutes, subject to the permission of the Society.

The report of the Committee on Credentials was presented by the Chairman of the Committee, Dr. Harry A. Stout, Wenonah, as follows:

Dr. Stout: The credentials presented so far are in due form, and I would report that a quorum is present.

On motion, duly seconded, the report was accepted.

The next order of business was nominations by the Board of Trustees to fill vacant offices for the present meeting. Dr. David C. English, New Brunswick, Secretary of the Board of Trustees, reported as follows:

The Board of Trustees, last evening, had a report from the president that he had made the **ad interim** appointment of Dr. William J. Chandler, of South Orange, as secretary, in the place of Dr. T. N. Gray, deceased; and Dr. C. D. Bennett, of Newark, as a member of the Publication Committee, in the place of Dr. A. A. Strasser deceased. The Board of Trustees approved of these appointments, and I am instructed by the Board to move for the election of Dr. William J. Chandler as secretary of the Society during the session of this present annual meeting; and also for the election of Dr. Charles D. Bennett as a member of the Publication Committee until his successor is elected.

I move you, sir, that these two gentlemen be elected to these respective offices, and that the President of the Society cast a ballot in favor of their election.

The motion was seconded and carried.

The next order of business was the reading of the minutes of the 1918 annual meeting. Dr. Chandler said that as the minutes had already been printed in the Journal, he moved that they be approved in the form in which they had been printed as the minutes of the last meeting.

The motion was seconded and carried.

The Report on Permanent Delegates was read by Dr. Chandler, and was as follows:

Report of Permanent Delegates.

We began the year with 145 permanent delegates on our list. Eight have died, leaving us with a present membership of 137.

The names of those who have died are as follows: John K. Bennett, of Camden; S. Thomas Day, of Port Norris; Sarah R. Mead, of Newark; August A. Strasser, of Arlington; William S. Lalor, of Trenton; William B. Warner, of Red Bank; Thomas N. Gray, of East Orange; Abram E. Carpenter, of Boonton.

The following nominees have been selected to fill these vacancies: A. Haines Lippincott in the place of John K. Bennett; John Nevin in the place of A. A. Strasser; Henry W. Kice in the place of Abraham E. Carpenter; Samuel E. Robertson in the place of Thomas N. Gray.

The following candidates to fill the quota of component societies were selected at the annual meeting in 1918: From Bergen County—Joseph Payne, of Midland Park, and Alvah A. Swayze, of Hackensack; from Essex County—Samuel E. Robertson, F. H. Haussling and Frederick C. Webner, of Newark; from Hudson County—Stanley R. Woodruff, of Bayonne.

It is now over twenty-five years since we instituted the office of Permanent Delegate,

and yet it is astonishing how unfamiliar most of our members are regarding the details regulating the selection of candidates. For instance it not infrequently happens that permanent delegates, wishing to resign send in their resignations to their component societies and said societies thereupon proceed inocently to accept them and to select nominees to fill the supposed vacancies, whereas the fact is that the component society has no jurisdiction whatever in the matter.

The State Society alone can take action on resignations and there is no vacancy until such action is taken. The component society can then **at its next annual meeting** proceed to select a candidate to fill the vancancy. This nominee comes up for election at the next meeting of the State Society.

Vacancies caused by death are filled in a special manner. A formal notice of the death must first be sent to the Recording Secretary of the State Society, who shall thereupon authorize the component society at its next annual meeting or at a meeting specially called for that purpose, to select a nominee to fill the vacancy. The name of this nominee is presented to the State Society for election at its next annual meeting. The law further declares that such vacancies can be filled in no other manner. After his election he is a permanent delegate to the State Society, so long as the conditions pertaining to this office are fulfilled. As before noted, eight permanent delegates have died. Formal notices of death has been received in only four instances. (If candidates to fill any of the four vacancies should be presented at this meeting it would be unconstitutional to take a ballot thereon, as the phraseology of the law is very plain, positive and prohibitive). Certificates of nominees to fill the other four vacancies can be presented at our next annual meeting, providing the required conditions are fulfilled.

Your secretary holds the certificates of the following nominees for permanent delegates: Joseph Payne, Alvah A. Swayze, A. Haines Lippincott, Samuel E. Robertson, Francis R. Haussling, Frederick C. Webner, Henry W. Kice and John Nevin, which are executed in proper form and will present them for election in the next order of business.

Respectfully submitted,
William J. Chandler,
Recording Secretary.

It was moved, seconded and carried that the report be received and that the candidates to fill vacancies and quotas and whose names had been read by the Secretary be now elected, and, if there be no objection, that the Secretary cast the ballot.

The Secretary announced that he had cast the ballot for the candidates named and that they were elected.

Dr. Claudius R. P. Fisher, Bound Brook: I announce with regret the death of one of the Permanent Delegates from Somerset County, which occurred only two weeks ago. There has been no time to take action on the matter. This gentleman is Dr. S. O. B. Taylor of Somerville.

Dr. Harvey: The constitution of the Society requires that a formal notification of the death of a Permanent Delegate be sent by the secretary of the component society of which the gentleman was a member, to the Recording Secretary of the Medical Society of New Jersey, who will thereupon authorize the selection of a nominee to fill the vacancy.

The Report of the Committee on Arrangements was presented by Dr. Henry B. Costill of Belmar, Chairman, as follows:

This report is a very brief one. The usual golf concessions have been obtained from the committee of the Golf Club, and the members of our Society will have all the privileges they had last year. The payment will be the same, one dollar a day, including morning and afternoon. The bathing concessions will be the same as last year at the pavilion just south of the hotel. The ladies have arranged some bridge parties for the entertainment of the visiting ladies. The automobile rides that have been given for some years back have been abandoned because of the feeling that so many members come down in their own cars, and there is so much automobiling now, that the thing has become more of an annoyance than a pleasure. Following the banquet to-morrow evening, dancing has been arranged for, and the music will be kept up for an indefinite length of time, so that the younger members or the older can have all the time they want for dancing.

On motion, this report also was accepted.

REPORT OF THE COMMITTEE ON SCIENTIFIC WORK.

Dr. Alexander MacAlister, Camden, Chm.

The Scientific Committee has had various meetings in different parts of the State. It required a little more work this year than usual to get speakers for the scientific part of the program, which we submit herewith to-day, and we trust that all will be pleased with the selections. The Chairman of the Scientific Committee should have received annual reports from the reporters of the various county societies one month before this annual meeting, but, up to the present time, he has not received any.

Dr. Chandler: The reporters of the component societies should send their reports at least one month before the meeting. They fail to do so. They think that because they occasionally send reports of regular meetings to the Journal, that it is sufficient, but it is not. They should send a regular formal report to the Scientific Committee. They have not done so. There are no reporters, therefore, who can take advantage of the provision in the by-laws for their recognition as annual delegates.

On motion, the report was accepted.

The Report of the Committee on Publication was read by its Chairman, Dr. Charles

D. Bennett of Newark, and was as follows:

Report of the Committee on Publication.

To the Trusteens and The Medical Medical Society of New Jersey:

Mr. President and Gentlemen—In presenting the annual report of the Committee on Publication for the year 1919, your committee desires to call your attention to certain facts, which have resulted in the work of the committee being very difficult.

The sudden death of the secretary of the Society and of the chairman of the committee left both affairs in much confusion, and in the latter case, necessitated the appointment as chairman of one totally inexperienced in publishing work.

The practically suspended activities of the county societies because of the absence in war service of secretaries, reporters and other active workers, with the increased work of those remaining at home, made it exceedingly difficult to secure original scientific articles and entailed largerly increased correspondence upon the editor. The notable increase in expenses because of advanced price of labor, printers' wages and material, coupled with the necessity imposed upon advertisers of curtailing their expenditures, led to decided uneasiness for those immediately responsible for the safe conduct of your Journal.

Nevertheless, The Journal weathered the storm, and closed the year with a balance on the right side of the ledger, showing less profits than in the previous year, but the fact that any profit at all could be shown, is deemed a matter of congratulation.

This report is almost entirely of the work of the late chairman, Dr. Strasser, who labored early and late to make the Journal a success; always ably assisted by the other members of the committee. The present year affords a continuation of many of the same difficulties with which the committee struggled last year, but we shall hope to carry on through these troublesome times, always striving to keep The Journal attractive and useful to our Society.

Respectfully submitted,

Charles D. Bennett, Chairman.

STATEMENT OF CHARLES D. BENNETT,

Accounts Kept in Connection with the Publication of The Journal.

Business Statement.

Accounts Showing Income or "Receipts."

Advertising	$3,595.30
Subscriptions (regular)	1,760.00
Subscriptions (extra)	46.10
Sales of Journals	6.63
Total	$5,408.03

Accounts Showing Expense or "Disbursements."

Printing and Mailing	$2,614.39
Cuts and Plates	1.50
Gratuitous Reprints	29.40
Edit. Salary and Expenses	1,321.00
Commissions on Advertising Orders	457.38
Discounts	74.54
Stationery and Supplies	28.75
Miscellaneous Expenses	224.52
Total	$4,951.48

Net Gain from the Publication of The Journal for the year 1918		$ 456.55

Financial Statement.

Accounts Showing Debits, or "Assets."

Cash on hand, Dec. 31, 1918	$477.50	
Accounts Receivable for Advertising	561.33	1,038.83
Amounts due Medical Society of N. J. from Publication Committee	582.28	582.28
Total		$456.55

Amount of Assets over Liabilities Showing Net Gain Stated Above	$456.55

Comparative Statements.

Showing Increase in Business.

	1916.*	1917.	1918.
Advertising	$2,253.78	$3,913.61	$3,655.30
Sub's. (reg.)	1,683.00	1,703.00	1,760.00
Sub's (extra)	19.90	25.80	15.10
Sales of Jo'rnals	35.86	22.80	6.63
Dividends Rec'd		30.25	0
Print'g & Mail'g	2,468.71	2,442.92	2,821.89
Cuts and Plates	145.34	5.62	1.50
Reprints	49.55	44.40	29.40
Editorial Salary and Expenses	1,200.00	1,500.00	1,321.00
Commissions on A'v'tis'g Ord's	170.18	639.19	457.38
Discounts	28.62	62.56	74.59
Stat'n'y & S'pl's	20.50	28.50	28.75
Misc. Expenses	110.07	145.00	250.52
Cash on hand	733.05	188.35	477.50
Acc'ts Rec'vable	523.05	647.01	561.33
Acc'ts Payable	1,456.53	17.09	
Net Loss	$ 200.43	.....	.....
Net Grain	.....	718.27	456.55

Explanations.

0. Dividend received from Co-operative Medical Advertising Bureau on business transacted with it during the year. First time this was received. None received in 1918.

*Last seven months only.

Dr. Bennett: We have taken off a trial balance for the five months of this year, which shows a profit of $242.71. If this gain continues in the same proportion, the profit for the year 1919 will be nearly six hundred dollars, much better than last year, and seems to the committee very favorable, considering the very hard times and the large advance in cost of paper and labor.

We have had very many complaints from members of the Society, subscribers and advertisers about the non-receipt of the Journal. One of the former Presidents of the Society, still in war service, complained that he had not received a Journal for six months; but I know positively that the Journal has been sent to him every month at the last address of which we were informed. Many of the addresses of men in service were changed, and later, some of the men returned home, but with few exceptions notices have not been sent to the Chairman

of the Committee on Publication. Only as we picked up some information from the newspapers or by conversation with other men, did we learn where the men really were. For instance, we sent a copy of the last Journal to one man's old address at Jacksonville, and learned, later, that he had returned, and was living in Newark, only a block away. I do not suppose he will get these back numbers sent, as the Journal is second-class mail matter and not forwardable except by the payment of postage. I would request that all who return from service or change addresses send postal cards stating their present addresses

A motion was made that the Report of the Publication Committee be accepted, and that the thanks of the Society be given to Dr. Bennett for the very able manner in which he has attended to the duties of his office. The motion was seconded and carried.

The Report of the Corresponding Secretary being next in order, Dr. Chandler stated that the Corresponding Secretary, Dr. Harry A. Stout of Wenonah, had no report to make at present.

REPORT OF THE COMMITTEE ON PROGRAM.

By Dr. William J. Chandler, South Or-Orange, Chairman.

As the Report of the Committee on Program, we present this program, which, with the exception of one or two typographical errors, constitutes the report of the committee.

On motion, the report was accepted.

The Report of the Recording Secretary, Dr. William J. Chandler of South Orange, was read by him, and was as follows:

Report of the Recording Secretary

To the Medical Society of New Jersey:

Gentlemen—It is with mingled feelings of pleasure and sadness that I stand here as your recording secretary. Pleasure, because it temporarily places me again in a position which I long held and always prized. Sadness, because the circumstances, which occasioned it were associated with a bereavement and a great loss to us all.

Thomas N. Gray was a man who loved the work of this Society, and who in turn was loved by all our members. His faithful and active labors here have made it more difficult for any man to fill his place. We shall miss his genial face and his conscientious devotion to the interests of our Society.

Statistics regarding the membership of the Society are always interesting to those who have its welfare at heart. You will therefore be pleased to learn that ten of our component societies have increased their membership; seven, however, have lost; while four have remained stationary.

Of the counties making a gain, probably no one deserves more credit than does the County of Middlesex. Ten years ago it was struggling to keep its membership in the forties, a few years ago it got into the fifties, last year it got into the sixties and this year surpassed all previous efforts and increased its membership to seventy-four. This is an excellent record and shows that somebody did some work, and I rather imagine that our editor had a hand in it.

Geographically our State is situated so that growth in population is inevitable, and with this should come an increase in the number of physicians.

The growth of our Society has been constant for the last twenty years. Last year under special efforts put forth it made a larger increase than usual, and this year as the time approached for making the new lists, it was feared that we should fall far below the record made last year. Indeed when the first reports from the secretaries came in we were 250 short of last year's membership. Special effort was then made by personal reminders to delinquents. There must have been something very attractive about these reminders, for some delinquents waited for a second letter, some for a third and some are waiting still for more. However the result is quite gratifying, for our membership to-day is even larger than that of last year—larger than ever before.

This shows what can be done by work. But it is work that ought not to devolve upon the recording secretary. If each component society had an efficient membership committee, whose duty it should be to remind the delinquents and to search for the new comers in the medical profession, to make their acquaintance, interest them in the component society, explaining the advantages of membership, medical defense, etc., many would be anxious to have their names proposed for membership, with a resulting benefit to themselves and to the Society.

So convinced am I on this point that I would venture the prediction that if faithful, organized effort is put forth during the coming year, our increase in numbers will be double that of any previous year.

Perhaps you may all give assent to this statement here to-day. If so, do not go home and forget all about it. See that your society is organized for this work and let each one be willing to do his part. Start out and do a little missionary work on your own initiative until the work is thoroughly organized.

For the purpose of aiding county secretaries and membership committees, our by-laws request all secretaries to send annually a list of the non-affiliating physicians practicing in their counties. Formally this was quite generally done. In the cities it involves considerable labor, but it is well worth the time. It is invaluable in getting at the regular physicians and in weeding out the irregulars.

But increase in membership is not the only object you should have in view. Develop the scientific work of your society. Let those who are engaged in speciaties instruct you in their departments so that you may be able to apply the results of their investigations in the treatment of your patients, and, when you have benefited them to the extent of your ability, to know where to place them in hands competent to complete their cure.

Develop your medico-social relations. This is a great upbuilder of professional harmony. The man with whom you dine, the man with whom you play golf, the man you meet at the club or at the social meeting of the society, turns out to be a far more attractive man than he was as merely a practitioner in the next block or in the neighboring town.

And above all things keep yourself abreast with the times. Read, study and reflect. Apply what you learn to the benefit of your patients, and then no matter how long you practice you will have the consciousness of having faithfully discharged all your obligations to your profession, your patients, and to the Great Physician Himself.

William J. Chandler,
Recording Secretary.

Dr. D. C. English, New Brunswick: I rise for the purpose of emphasizing strongly the need of our county societies' members getting to work on this matter of increasing their membership. I am obliged to the Secretary for his kind reference to our county society's enrollment of seven additional members. Since then, we have gone three better and there are more to follow. That meant hard work, and I believe that if all our societies increase their efforts and persist therein, our State Society will have twenty-five hundred members by next year's annual meeting.

I move the adoption of the report. The motion was seconded and carried.

The Report of the Board of Trustees was read by the Secretary of the Board, Dr. D. C. English, and was as follows:

Report of the Board of Trustees.

The Board of Trustees reports that two meetings of the Trustees were held during the interval between the last and the present annual meeting of the Society. The first meeting was held at the residence of Dr. T. W. Harvey, Orange, July 25, 1918. The death of the secretary of the Society—Dr. T. N. Gray—was announced and the following minute was unanimously adopted:

The Board of Trustees of The Medical Society of New Jersey, this day assembled at the residence of President Harvey, in Orange, N. J., has heard with inexpressible regret of the sudden death of Dr. Thomas N. Gray, for several years the Society's very efficient secretary. In his official connection with the Society, Dr. Gray was always courteous to all, prompt in the performance of his arduous duties, he was an indefatigable worker. So great is the loss the Society has sustained that it will be almost impossible to find one who can assume the duties of secretary as capably and acceptably. To his bereaved family we offer our sincerest sympathy, assuring them that their loss is also a loss to the Society and to the whole medical profession of the State of New Jersey. May he rest in peace.

The Trustees then adjourned to attend the funeral service at his late residence.

The second meeting was held at the residence of Dr. T. H. Mackenzie in Trenton, on October 4, 1918. The report of the Public Accountant and Auditor Hardie of Hackensack, whom the board had appointed to examine the accounts of Dr. A. A. Strasser, chairman of the Publication Committee, at his request, was presented. Mr. Hardie reported that he had made a thorough examination and had found Dr. Strasser's accounts perfectly true and correct. The report was accepted and Mr. Hardie's bill was ordered paid. The following resolutions was adopted:

Resolved, That the Board of Trustees, acting for the Society, hereby express its profound sense of appreciation of Dr. August A. Strasser's long continued and faithful services as chairman of the Publication Committee. We recognize the fact that the work has required much time and sacrifice on his part, to which is due much of the financial success of the Journal.

The death of Dr. Thomas N. Gray, late secretary of the Society, was referred to and the following action was taken:

Resolved, That two hundred and fifty dollars of the Society's funds be paid to Mrs. S. S. Gray, widow of Dr. Thomas N. Gray, late secretary of the Society, in lieu of the first quarter's salary and expenses incurred by him, according to the Society's action at the last annual meeting.

Drs. T. W. Harvey and D. C. English were appointed a committee with full power to select the time and place of the next annual meeting of the Society.

The Board of Trustees met last evening, June 23, 1919, in the New Monmouth Hotel, twelve members being present. Dr. O. H. Sproul of Flemington was elected chairman of the Board of Trustees for the ensuing year and Dr. D. C. English was re-elected secretary.

The following business of importance was transacted:

The President reported that he had made the following ad interium appointments to fill vacancies occasioned by death.

Dr. William J. Chandler, South Orange, as Secretary, in place of Dr. T. N. Gray, deceased. Dr. Charles D. Bennett, Newark, as a member of the Publication Committee in place of Dr. A. A. Strasser, deceased.

The appointments were approved by the Board and the secretary of the Board was instructed to report them to the Society at the opening meeting of the House of Delegates on the following morning and to make a motion for the election of the said appointees to serve during the sessions of this year's annual meeting of the Society.

Treasurer Mercer read his annual report, which showed in his hands on January 1st: In bonds, $5,000, and cash on hand $1,250.64. On motion Drs. C. R. P. Fisher and W. B. Johnson were appointed a committee to audit the Treasurer's accounts and report to the Board of Trustees. On motion $25 were voted to the Committee of Arrangements towards their expenses.

Dr. Charles D. Bennett, who had been elected by the Committee on Publication as its chairman, presented the committee's report of the year 1918 work, showing its receipts and expenditures. He also presented for the information of the Trustees a supplementary report of the work of the five months of the year 1919, showing a considerable increase in the Journal's income over that of the year

1918. The report was accepted and approved and referred to the Society. Dr. D. C. English was re-elected editor of the Journal for the year beginning July 1, 1919, at the same salary as last year. The Board will present a further report to the Society during its present sessions.

It was moved that the report be received and spread in full upon the minutes, and that the resolution presented for the action of the Society be adopted. The motion was seconded and carried.

The Report of the Judicial Council, including the reports of the five districts, was read by Dr. William H. Iszard of Camden, Chairman of the Council.

Report of the Judicial Council.

Mr. President and Gentlemen:

With the fact that all suits brought against members of this Association for a number of years having resulted in favor of the defendant, and the fact that no complaints or suits have been brought this present year, is a source of very great satisfaction and an incentive for the members to keep square with the Journal and for doctors who have not yet done so, to unite themselves with the Medical Society of New Jersey.

The following resolution was unanimously adopted by the Council:

Resolved, That all members of the Society who have been absent for one or more years and in the service of their country, be exonerated from all claims, or dues, or penalties relative thereto.

Report of the First District.

(Union, Warren, Morris and Essex Counties).

Dr. William H. Iszard, Chairman:

During the past year, the Societies comprising this district have held regular meetings, although their ranks were greatly depleted of members, who had enlisted for service in the war.

It is remarkable that the work of the county societies was carried on in this way, considering the demands made upon those members of the profession, who were not in the service of the army and navy. The usual attention to scientific matters was largely replaced by the patriotic spirit for service. Members of the societies worked on the Local and Advisory Medical Examining Boards, were busily engaged in combatting the epidemic of influenza and in caring for the increased medical work in general.

The narcotic drug evil has not abated during the year. On the contary, it is apparently assuming more serious proportions. A few physicians in Essex County have been arrested and charged with alleged violations of Harrison Narcotic Law. Two of them are members of the State and county societies.

There were no malpractice suits.

Respectfully submitted,
Christopher C. Beling.

Report of the Second District.

(Passaic, Essex, Bergen and Hudson Counties)

Dr. William H. Iszard, Chairman:

The county medical societies of the Second District have held regular meetings during the past year. No reports of any legal action have been reported.

Respectfully submitted,
Francis H. Todd.

Councilors' Report for the Third District of the New Jersey State Medical Society.

The members of the component medical societies of Mercer, Middlesex, Somerset and Hunterdon, comprising the Third District, have as elsewhere in the State responded nobly to their country's need; thus proving their patriotism and loyalty to their government.

By giving up their lucrative practices and home comforts for a small salary and the soldier's life in camp or on the field of battle, these men have made great sacrifices and should be held in high esteem by their fellow men. Mercer County with a membership of 91 had 26 members in the service without any fatalities.

Middlesex County with a membership of 65 had 8 members in the service; no fatalities.

Hunterdon with a membership of 28 had 3 members in the service with one fatality, Dr. Adams.

Somerset County had a membership of 32 and had 7 men in the service with no fatalities.

The Third District is therefore proud of her record and rejoices that so many have returned safely and mourns the honored dead.

In this district there have been no cases of suit against our members in which the State Society has been called upon to aid in the defense.

There was a suit against one of the Mercer County members for malpractice in a case of midwifery.

Your Councilor was one of the witnesses for the defense. The charges of carelessness and improper treatment were not proven, and to the contrary our fellow member was proven to have given the case skillful treatment while under his care; and the jury promptly rendered a verdict of no cause for action.

I must also say a word for the members who remained at home and did such heroic work in caring for the sick during the terrible epidemic of October, November and December last; and I am proud to say there are no charges of extortion against the medical profession, only kind words and praise for their unselfish care and devotion to sick. In many cases the doctors worked 18 to 20 hours daily trying to relieve the suffering and save lives. This terrible strain was the cause of undermining the health of some who have since been called home and given their gold star.

Respectfully submitted,
Edward S. Hawke, M. D.,
Trenton, N. J.

Fourth District.

(Camden, Burlington, Ocean and Monmouth Counties).

Mr. President and Gentlemen:

During the past year nothing has transpired in the Fourth District requiring the attention of the Judicial Council. Most of the doctors who gave their time, their services and jeopardized their lives in the service of their country have returned to their domestic field of labor, while at least one from this district is yet across the sea and doing duty now with the Army of Occupation in Germany.

I name the one you all know as the junior ex-President of the Medical Society of New Jersey — Lieutenant Colonel William Gray Schauffler.

Respectfully submitted,
WM. H. ISZARD,
Councilor of the Fourth District.

Fifth District.

Dr. William H. Iszard,
Chairman, Judicial Council,
Medical Society, New Jersey.

Dear Sir:

The County Societies composing the Fifth District have held their regular meetings throughout the year.

The attendance and interest have been good. Papers and topics relating to the exigencies incident to the war, portraying the work, problems and experiences of the men in the service made the meetings interesting and instructive.

The prompt response of the men in entering the U. S. service left us with depleted ranks, and those remaining at home did double duty, passing through a strenuous experience in the epidemic of influenza, which swept over our district with pestilential destructiveness.

The mortality was high, the complications serious, with hematolysis dominating the whole course of the disease.

War and epidemic have focussed the spotlight of modern thought upon the work of the medical profession, in both military and civil life, but true to the traditions of our calling, we have endeavored to make good by quiet devotion to the duty of relieving the suffering incident to war and pestilence.

Respectfully submitted,
James Hunter, Jr.,
Councilor Fifth District.

It was moved that the report be accepted and its resolution approved. The motion was seconded, and, a correction in the number of members in the Middlesex County Society having been made, was carried.

The Report of the Committee on Honorary Membership was given verbally by the Chairman of the committee, Dr. Walter B. Johnson of Paterson, as follows:

Dr. Johnson: I understand that there is a vacancy in the list of Honorary Members, in consequence of the death of Dr. Thomas Addis Emmett of New York; and, as Chairman of the committee, I rise to propose for the position of Honorary Member of this Society, Dr. George D. Stewart of New York. Dr. Stewart honored this Society by his presence here last year. He is the executive surgeon of Bellevue Hospital, and is a man of high attainments and is sufficiently prominent in the surgical field to make him a suitable candidate for Honorary Membership in this Society. I, therefore, nominate him.

It was moved that the Report of the Committee on Honorary Membership be accepted, and that the House of Delegates proceed to the election by instructing the Secretary to cast a ballot for the nominee. The motion was seconded and carried. As the election was thus unanimous, the two-thirds vote required by the constitution had been cast, and Dr. Stewart was declared elected.

The Report of the Treasurer was read by Dr. Archibald Mercer of Newark, and was as follows:

1918.	Dr.	
Atlantic County	Assessment	$ 166.00
Bergen "	"	172.00
Burlington "	"	78.00
Camden "	"	164.00
Cape May "	"	46.00
Curberland "	"	56.00
Essex "	"	861.50
Gloucester "	"	52.00
Hudson "	"	444.00
Hunterdon "	"	56.00
Mercer "	"	186.00
Middlesex "	"	134.00
Monmouth "	"	62.00
Morris "	"	116.00
Ocean "	"	32.00
Passaic "	"	256.00
Salem "	"	40.00
Somerset "	"	54.00
Sussex "	"	36.00
Union "	"	220.50
Warren "	"	52.00
Receipts for Journal, 11 months		2,930.42
Interest on Chicago & Alton Bond		35.00
Interest on 3½% Liberty Bonds		105.00
Interest on bank balances		91.77
Orange Publishing Co. bill overpaid		7.00
Bank Balance January 1, 1918		4,389.64
Chicago & Alton Bond, $1,000, 3½%, cost		786.50
Liberty bonds, $4,000.00, cost par		4,000.00
		$15,629.33

1918.	Cr.	
Jan. 1	Dr. T. N. Gray, Salary, Rec.Sec.	$125.00
" 11	Dr. T. N. Gray, Expenses, "	41.00
Feb. 6	Union County—Rebate, overpaid dues	58.00
Mar. 30	Dr. T. N. Gray, Salary, Rec. Sec.	125.00
April 3	Orange Publishing Co., Printing	14.00
" 8	Dr. T. N. Gray, Expenses, R. Sec.	43.35
May 4	Dr. T. N. Gray, Sec'y, Printing	25.56
June 24	Dr. T. N. Gray, Exps., Rec. Sec.	33.34
" 24	Dr. W. H. Iszard, Councilor	46.94
" 24	Dr. J. C. McCoy, Hospital Com.	76.46
" 24	Dr. G. N. J. Sommer, Scientific Committee	2.97
" 24	Dr. A. McAlister, Scientif. Com.	22.50
" 24	Dr. D. C. English, Sec'y Board of Trustees	8.95
" 24	Dr. A. Mercer, Treasurer	26.95
" 24	Dr. H. A. Stout, Cor. Secretary	82.00
" 24	Dr. C. Beling, Councilor	24.75
" 28	Dr. Jas. Hunter Jr., Councilor	20.00
" 28	Dr. Jas. Hunter Jr., Publicity Committee	5.50
" 29	Orange Publishing Co.	3.20
July 1	Dr. T. N. Gray, Salary, Rec.Sec.	125.00
" 9	Anna J. Muldoon, Dr. Costill	25.00
" 9	The New Monm'th Hotel, Guests	41.90
" 24	Fidility & Casualty, Treas. Bond	7.50
" 30	Orange Publishing Co., Printing	14.25

Aug. 3	Orange Publishing Co., Printing	65.00
" 5	Mildred K. Smith, Stenographer	76.50
Sept. 5	Addressograph Co.	55.00
Oct. 11	Dr. W. J. Chandler, Salary, Rec. Secretary	160.49
" 17	Post & Flagg, Liberty Bonds	2,000.00
" 19	Mrs. T. N. Gray	250.00
Nov. 16	Dr. W. J. Chandler, Sec'y, Salary, 3 months	158.34
" 16	Dr. W. J. Chandler, Expenses.	100.00
Dec. 7	Orange Publishing Co., Printing	1.75
" 7	Addressograph Co.	3.84
Legal expenses, Medical Defence		$1,195.15
Committee on Publication, Journal		4,500.00
Cash balance in bank Jan. 1. 1919		1,250.64
Vaughan's check cashed Jan., 1918		27.00
Chicago & Alton Bond, $1,000, 3½%, cost		786.50
Liberty bonds, $4,000.00, cost par		4,000.00
		$15,629.33

Respectfully submitted,
Archibald Mercer, Treasurer.

Dr. Harvey stated that the Report of the Treasurer had been referred to the Auditing Committee by the Board of Trustees, and that report concerning it would be given later.

On motion, the Report of the Treasurer was received.

The Report of the Committee on Prize Essay was read by the Chairman of the committee, Dr. Alexander Marcy Jr. of Riverton, Dr. Marcy previously explaining that it embodied a thought that had recently occurred to him, and which he was presenting on his own responsibility, as it had not been possible for him to consult the other members of the committee about it. The report was as follows.

Mr. President and Gentlemen:

There has been no subject proposed for a prize essay, therefore no papers have been presented.

Three years ago in presenting a report from this committee we recommended that the Board of Trustees select and announce the subject for the prize essay, and this recommendation was adopted by the House of Delegates.

As yet the Trustees have not done this and in consequence no essays have been presented to your committee during these years.

We will suggest that the board take action at this meeting and offer the following subjects for competition for the coming year:

1st, Group Medicine—

Can it become practical for the general practitioner, particularly those practicing in rural districts?

2nd, State Medicine—

Or the socialized effort of the profession. Has the time arrived for its adoption, and if so what should be our attitude toward it?

We would also recommend that the sum of $1,000.00 be appropriated for this year in order that interest may be awakened and the best talent attracted.

Signed,
Alex Marcy Jr., Chairman.
Norton L. Wilson,

Dr. Marcy: I suggest that this prize be offered not to the members of our own Society alone, but to the medical profession of the United States. We have been trading on our past reputation, but now we want to do something more than live in the past; we must work for the future. No two subjects are going to come so prominently before the medical profession in the next few years as the two that I have mentioned. The details of this competition would have to be worked out. I have had neither time nor opportunity to consult with the other members and work out satisfactorily the details. The Report of the Treasurer shows that we have ample funds to offer such prizes, and I would like to have an expression of opinion from the delegates, first, as to the worthiness of the idea; secondly, as to its practical application; and thirdly, as to whether they will authorize the Board of Trustees to appropriate one thousand dollars of the funds of this Society for such a purpose.

Dr. Harvey: I should like to ask the Chairman of the Prize Essay Committee whether he is presenting a formal resolution.

Dr. Marcy: I am presenting this as the Report of the Committee on Prize Essay.

It was moved that the report and its recommendations be adopted. The motion was seconded.

Dr. Thomas B. Lee, Camden: I should like to support Dr. Marcy's recommendation, but I think that our chief object should be to develop the medical profession of this State and our own members especially, and I think that such things as this should be limited to our own members. We have as far north as New York, and as far west as Philadelphia to draw upon; and I think that we should look after our own interests, not selfishly, but in a broad-minded way. I think that this thing, which is an incentive to work, should be confined to this Society.

Dr. Armin Fischer, Newark: I agree with what the gentleman has just said, but there is another angle from which to look upon the thing. If we confine ourselves, as in the past, to our own members in the prize essay competition, it would be perfectly proper; but if we enlarge our scope, as Dr. Marcy has suggested, it will bring New Jersey into the limelight. Our own members have the same opportunity to compete for the prizes as before, and if they are able to carry off the prize, so much the better for the State. If not, and some other

man gets it, this will show the whole United States that New Jersey is on the map, and that we put up the prizes as a State Society, and do not limit the competition to our own members.

Dr. George E. McLaughlin, Jersey City: I heartily agree with Dr. Marcy in this movement, and I think that we should throw the competition open to the members of the profession throughout the United States. Our boys have the same chance, and will receive the same consideration as others. I believe that it will shake us up a bit and get a little new blood in us. It will redound to the credit of the Society, and I think that it will be money well spent.

Dr. Wells P. Eagleton, Newark: I think we are making a great mistake in spending a thousand dollars on a prize essay. I think that what we want to spend money for is for practical—not political work—work that will result in the enlightenment of the people of the United States on the great business of the medical profession and of its high standing. During the last week, in this State, there have been two gratuitous insults offered to the whole profession Commissioner Lewis, in an address that has gone over the whole world, announced that doctors are failures as administrators. Through his propaganda, this goes to every citizen, not only of the State, but also of the United States. In addition to this, a gentleman read a paper in Atlantic City, in which he said that a large proportion of the profession are unqualified to practise medicine. That was editorially commented on in all our newspapers, to the disparagement of the medical profession. I think that the time has passed when we should spend our money for prize essays. The medical profession is giving freely of its services to the public without receiving a prize for it in the way of money. What I want to do is to start a definitely organized propaganda, for which we must pay to show the people what the profession is able to do, what its members stand for, and what service they are rendering.

Dr. Gordon K Dickinson, Jersey City: I would like to see another committee formed, with Dr. Eagleton at its head, to push that propaganda. We do need educating. We do know, as has been said publicly, that our body does not occupy the high place in medical history that it should. I think that there is no harm in saying that. There are a good many who study after leaving college, but there are also many who do not. One thousand dollars may be a great deal too much, and one hundred dollars may be sufficient; but there are two things that are coming to the front: There is a great revolution going to come in medical matters. We see it in the nursing profession, and I think that we shall see it in the medical profession. We are overstandardized. We are pushing aside intellect and individuality, and a man's ambition to succeed. The good old physician of one hundred years ago did as much good as we do; yet he was not a college graduate, and did not have to go to a high school. I do not think that the best man in the United States is too good, and do not think that we should even limit our essay offers to the United States. It is too important a topic. I should like to hear what the men of New Jersey would say, but if there is a bigger man who would tackle the problem and answer it, I should like to see him do it. Dr. Marcy said that he would not go into detail, and it is detail that is the most important. If you offer the prize to the United States and get a dozen essays that are so good that the whole committee are in doubt as to which is best, there is liability of arousing dissatisfaction, because half of the United States will say that the prize was awarded to the wrong essayist. We cannot offer more than one prize of one thousand dollars, and we should have to spend five thousand to get the proper response. It would be better to offer three prizes not very far apart in value. That is the only way in which we could satisfy the feelings of the profession and not cause adverse criticism.

Dr. Walter B. Johnson, Paterson: I think that Dr. Dickinson is quite right, and I am sure that Dr. Eagleton is, in the expression of his desire that there shall be some proper step taken that will lead the people of the United States to know what the medical profession has done for the country during the war. I believe that their record is higher than that of any other group of men. As to whether they have administrative ability or not, I do not think that Commissioner Lewis is entitled to determine. I think that this Society should try to keep before the people of New Jersey and of the United States the facts as related to the medical men. As to whether this, the oldest State medical society in the United States, shall be the first to begin offering a prize and to spend money for the purpose, I think that there are no data that we could take for precedents in a matter of this kind.

Dr. D. C. English, New Brunswick: I was very favorably impressed when Dr. Marcy made the suggestion and talked the matter over with me. The thought then was five hundred dollars, and not a thousand. I have also been deeply impressed by the remarks of Dr. Eagleton. The proposition needs careful consideration. Nothing is needed more in New Jersey than stirring up our own medical men. The very fact that of the thousand or more men who went into the army service in the State of New Jersey, only about five hundred, or one-half, are connected with a county medical society, shows this. There is the making of a profession in this State. We need a determined effort to get these men who are on the outside into our county societies and to work. Dr. Eagleton's speech has appealed to me strongly. Unless something is done in this direction, we shall not obtain the position that we deserve in the State. We are being misrepresented by those in the outside world, and being misrepresented in the newspapers, in our own State and throughout the country. The men are suffering from criticism that they do not deserve. Therefore, I believe that every effort should be made to get an organized medical profession in New Jersey. That is the prime thing that we need. We are suffering from an undeserved criticism. It is hindering us from getting desirable legislation. Medical men on the outside are telling the legislators that this or that legislation, which we are striving to secure for the uplift of the profession and far more for the benefit of the State and of the public, is not necessary. But why can we not have *both*—the Prize Essays and a determined, persistent effort for a thoroughly organized profession in New Jersey?

Dr. George B. McLaughlin, Jersey City: Just another word: I do not think that we should lose sight of the motion before the house, when we consider Dr. Eagleton's motion. Both are important, and I hope that we shall not confuse the two.

Dr. Harvey: That is what I wanted to call attention to. We are wandering away from the subject. We are considering the prize essay report.

Dr. Philander A. Harris, Paterson: I would urge that we vote on the proposition to award the prize of one thousand dollars; and I think it would be better, if the subject could be limited to one, and what I deem the most important matter likely to confront the medical profession—and that is, the matter of industrial insurance. I must confess that I do not know much about it, and should have to study hard, in order to prepare myself at this time, or any time, in the future, to answer the propositions presented by those who stand for industrial insurance, State medicine or whatever you choose to call it. I should not object to giving one thousand dollars to anyone who would write a good essay for or against it, but especially against it. I believe that it is a proposition like that for the railroads—taking them away from private individuals. All this government control, I think, is simply to put it into the hands of everybody; and what is anything worth that is taken away from responsible individuals and given to anybody? I am not in a position to speak of industrial insurance and say that we do not want it, but I think that the medical profession should learn about it. In order to do so, someone must be in earnest and able to do it. I will vote for the proposition, therefore, if it is limited to that. I was in England when the law was passed by Parliament; and at a tea that I went to, I sat next to a Member of Parliament. He said that under the provisions of this bill, the doctors were better off than they had been before. Now, however, we hear from Germany that it has not been satisfactory there. I should like the essay competition limited to giving us the most important information by men who will investigate the matter and inform themselves and us upon it.

Dr. J. Boone Wintersteen, Moorestown: I have been in the service for several years; and in that time, I have been in various camps in the United States and overseas, and have talked to a great many medical officers. I find that there is a decided sentiment among medical officers who have been in the service in favor of group medicine. It is the consensus of opinion among them that they wish to go into group medicine when they return to civil life. I was not here when Dr. Marcy's report was read; but from the talk before the meeting, I believe that the subject must have been group medicine. Medical officers are talking of it, and are going to favor it, when they get home. If that is to be one of the subjects of the essays, I approve of it. Personally, I do not expect much from essays, but if the thousand dollars will start an active discussion on this topic, I believe that it will do good.

Dr. Harvey: This discussion should be drawn to a close. The point is the acceptance of the recommendation of Dr. Marcy,

which should be clearly and distinctly formulated.

Dr. Alexander Marcy Jr., Riverton: There is no antagonism at all between the subjects that I proposed and the thoughts that Dr. Eagleton presented. They are entirely different propositions; and it was unfortunate to confound them. I quite agree with what Dr. Eagleton and Dr. Dickinson have said about a propaganda and, if necessary, spending money for it. If it is a question of money, if the Society does not want to spend one thousand dollars, it would be perfectly easy to raise a thousand dollars among the members of the medical profession of New Jersey who would be interested in the subject. I should be glad to be one of ten to contribute one hundred dollars for the purpose and, if necessary, I will raise the entire thousand.

Dr. Harvey: I should like to have a clearer idea regarding the recommendations. Did you recommend that the matter be referred to the Board of Trustees?

Dr. Marcy: It will be necessary for it to go before them, because they must vote to appropriate the money. The money is to come from the funds of the Society. I have just read this as the Report of the Prize Essay Committee, but I will move that the recommendations be adopted.

Dr. Harvey: The motion, as I understand it, was that the Report of the Prize Essay Committee be accepted, and the recommendations contained in it adopted. I am trying to ask the Chairman of the committee whether the recommendations are to be referred to the Board of Trustees.

Dr. Marcy: It would be necessary for this to be done.

Dr. Harvey: Then why not put the motion in that shape?

Dr. Marcy: I want them not only requested but ordered to do this thing. The House of Delegates recommended that they select a subject for a prize essay three years ago, and none was selected. I do not want the matter to go before them in that shape.

Dr. Harvey: I wanted it to be put in shape so that we can know what we are voting for. It is that we order the Board of Trustees to take a certain action.

Dr. Marcy: May I read the report again?

Dr. T. H. Mackenzie, Trenton: I move to amend the motion to make two motions of it, the first being the acceptance of the report.

Dr. Harvey: Do you accept that amendment?

Dr. Marcy: Yes.

Dr. Harvey: Those in favor of such a division of the motion will say "aye"; contrary? The "ayes" have it. Now the motion. The first motion to be put is the acceptance of the report. The second is the ordering of the Trustees to offer a prize of one thousand dollars. Without doubt, the question is to be divided. Now we will have the motion that the report be accepted. Those in favor say "aye"; those opposed "no." It is carried unanimously. The next motion, as I understand it, is that the Board of Trustees be ordered to take up the report and take action looking to the establishment of such a contest.

Dr. Thomas B. Lee, Camden: I want to add one word, a word of warning. I think it will make the Society ridiculous. If this prize is thrown open to the world or the country, and specialists prominent in that line should submit papers, who would decide as to which was the best. We should have a committee of the most eminent men in the country, who should be in a position to decide which paper is the best. I think that we should give this due consideration; and if we have it at all, we should have it in the right way.

Dr. Marcy: These suggestions are very appropriate; but the details of this question have not been settled. We should be glad to ask Dr. Lee and others for their opinion before the final details are settled.

Dr. Fletcher F. Carman, Newark: If we take this action, directing the Board of Trustees, we cast a potential slur on them; whereas they have been appointed to act as a safeguard on our actions, and we have put them there, to some extent, for that purpose. I should be sorry to cast any such slur on the Board. I am not a member of it; but I think that inasmuch as there has been some difference of opinion expressed here, it is all the more reason that they should not be limited by any action on our part, but they should reach their own conclusions without any such condition.

Dr. Thomas H. Mackenzie, Trenton: We are asked to insist that the Board of Trustees appropriate money for a certain purpose, and that purpose is not sufficiently defined. The gentleman making the proposition should write a specific definition of what he wants.

Dr. Marcy: I shall be glad to do so.

Dr. Gordon K. Dickinson, Jersey City: Dr. Marcy has brought two topics. Let us drop one and talk of the other, "The State and the Medical Profession." Let that be the topic for the essay.

Dr. Harvey: Are you ready for a vote on the matter of ordering the Board of Trustees to consider this question of the prize essay for one thousand dollars?

G. Wyckoff Cummings, Belvidere: I move to amend the motion before the House, leaving out the word "order," and leaving it to the good judgment of the Trustees. They have good judgment.

Dr. Marcy: I will accept that.

Dr. Harvey: Then those in favor of the action as amended will signify it by saying "aye"; opposed, "no." The motion is carried. (See Trustees' action, page 340).

The Report of the Committee on Legislation was read by the Chairman of the committee, Dr. George T. Tracy of Beverly, and was as follows:

Report of Committee on Legislation.

During the session of last legislature the Medical Practice Act was amended by extending the provision of the act so that the preliminary qualifications of students shall not be operative until 1921.

One bill introduced in Assembly which failed to receive favorable consideration, planned a Bureau of School Hygiene attached to the Department of Public Instruction, composed of a director, four (4) assistants, and further provided for one hundred (100) nurses—the Commissioner of Education to appoint the director. It was the opinion of your committee that supervision of Child Hygiene would be more practical under the State Board of Health as the bill only provided supervision during the school life of the child.

As usual, legal recognition was sought by such fantastic sects as drugless therapeutists, neuropaths, chiropractors and osteopaths. These cults are increasing each year and they seem to possess sufficient political influence to secure the introduction of some special measure.

We have been able up to the present to prevent the passage of this so-called vicious legislation, yet in spite of all these efforts and the continued expenditures of energy, this question to-day occupies more time and absorbs more energy and is no nearer permanent solution than it was twenty years ago. We fear in spite of our opposition, that ultimately these cults, no matter how absurd or ridiculous their methods, from a scientific standpoint, will gradually get recognition, and then the standard for all who treat disease will be greatly lowered. The failure to maintain standards which the medical profession seeks to establish might be explained by the lack of understanding on the part of the public and indifference and lethargy on the part of the medical profession.

The fear of the medical profession being drawn into the mire of practical politics with great sacrifice to our professional reputation and without any compensating benefit has prevented the proper recognition of the fervent appeals of letters and telegrams from members of legislative committees.

It might be well to consider a suggestion that the Publicity Committee act in conjunction with the Legislative Committee.

Respectfully submitted,

George T. Tracy, Chairman.
L. M. Halsey.

On motion, the report was received and took the usual course.

The Report of the Committee on Public Hygiene and Sanitation was then called for. Dr. Gordon K. Dickinson, Jersey City, Chairman of the committee, stated that he had been on the committee for four years, and that they had had nothing to do, nothing having been referred to them. Therefore, he could hardly see the advisability of continuing the committee.

It was moved and seconded that the report be accepted, and the recommendation adopted. The motion was carried.

The Report of the Committee on Public Health Education was postponed on account of the fact that the Chairman of the committee, Dr. Armin Fischer of Newark, was not present.

The report of the Delegates to the American Medical Association was then called for.

Dr. Harvey: We all know that we have lost, by death, one of the regular attendants at the meetings of the A. M. A., one of the old members of the State Society, Dr. William S. Lalor, of Trenton, whose report we watched for every year. I very much regret that he has gone from us, and am sure that the Society does.

Dr. Walter B. Johnson, Paterson: I should like to move that a vote of sympathy be extended to the family of Dr. Lalor.

The motion was seconded and carried.

Dr. Harvey: Our other delegates are Dr. Luther M. Halsey, of Williamstown, and Dr. Edward Guion, of Atlantic City, who are not present, and the alternates are not present either. The next is reports of Delegates to Neighboring State Societies. Are there any here? If not, we will proceed to the reports of special committees. The first is the Committee on Standardization of Hospitals. I wish to remark that Dr. John C. McCoy, of Paterson, the Chairman and and founder of it, went to the war; and Dr. Gordon K. Dickinson took his place as Chairman during his absence. Dr. McCoy returned, and the committee re-organized two months ago. Dr. McCoy was then chosen Chairman. Unfortunately, we did not hear of this so as to have it go on the program; but I will call on Dr. McCoy to report for that committee.

Report of the Committee on Standardization of Hospitals.

By Dr. John C. McCoy, Paterson, Chairman.

This committee was formed, as you know, four or five years ago, for the purpose of standardizing the work of hospitals in the State. You have heard various reports in your State meetings, and know what has been accomplished by it. When we went into the war field, the hospitals were more or less in a disorganized condition, so far as any particular standard was concerned. At the present time, after four or five years of pretty hard work on the part of the committee, I think that we have accomplished something. The hospitals, through the visits and advice of this committee, have shown an exceeding willingness to co-operate in every way to raise the standard of the independent hospitals.

The matter of histories and other items of hospital administration have been more or less standardized, as the result of the work of the committee. We have had legislative action, as you know, providing that an applicant for admission to practice appearing before the State Board of Examiners must show that he has had one year in a standard hospital in the State, recognized as such by the Board of Medical Examiners. They have been willing to accept the standard as laid down by this committee of the State Society.

I think, gentlemen, along the lines of Dr. Eagleton's remarks, that with the conditions entirely different, from now on in relation to the medical profession, from what they have ever been before, in the history of our country, the time has come for definite and concerted action on the part of the medical profession of the State. I do not know where you can get more intelligent action than through the various hospitals of the State of New Jersey. I have only recently returned, but, I think my figures are correct, we have fifty-three hospitals that are recognized as standard, and have met the requirements of the State Board of Medical Examiners.

There are many questions that will come up during the next two or three years. Dr. Dickinson has touched on the nursing problem. That has now been placed before a large committee in the Rockefeller Research, to investigate and report later, so that some suitable action may be taken. The matter of internes, general hospital administration and standardization have been taken up by the American Association and pushed by the American College of Surgeons, although we were the first to specify what a standard hospital shall be and have legislative action in that respect.

It seems to me that the work of the committee has accomplished about all that it can along the old line. We find, as I stated before, that there is an earnest desire on the part of the laymen, particularly of the various hospitals in the State, to obtain some definite information as to what a standardized hospital means.

It seems to me that we can accomplish no greater thing, so far as the medical profession is concerned and propaganda work is concerned, than by recommending, which we now wish to do to the Society, that we establish a State Hospital Association, composed of two representatives of the lay board and two of the medical staff from each standardized hospital in the State; that, in addition to that, we present a motion that the Hospital Standardization Committee shall be made a permanent standing committee of the New Jersey State Medical Society; and that the committee shall be composed of six members, two to serve a year, two to serve two years, and two to serve three years, two new members being chosen each year to take the places of the two retiring. On that committee, in the course of time, will serve many men associated with the various hospitals in the State This committee will be the Executive Committee of the New State Hospital Association. From an educational viewpoint, in medicine and surgery, we must begin with our hospitals. It must be demonstrated from a practical point of view what real medicine and surgery are. It will be a medical centre in each community; if the hospitals are properly conducted and their standard is correct, I feel sure also that the standard of the whole medical profession will thereby be elevated.

It was moved that the report be accepted and the request of the committee granted. Carried.

Dr. Harvey: The only way to grant it is by an amendment to the By-Laws, which requires two readings and then to lay over a day. I think that the doctor had better put his amendment in writing now, so that it can be read at the afternoon meeting, lay over a day, and be acted on to-morrow. This should be done at once, because we are going to adjourn in a few minutes.

Dr. Gordon K. Dickinson, Jersey City: While the doctor is writing it, I want to second it and say that I feel as he does, that the committee has accomplished all that it can do. It is a kind of snooping committee, which is not agreeable to people. To lift them up, you want to have them lift themselves. To have two men of the staff and two others from each hospital come together several times a year, to hear papers, discuss them, etc., will liven the hospital up; as the men will go back to their institutions and do more in the meetings of the Boards of Trustees. The average meetings of Hospital Boards of Trustees are pretty bad. They think that the superintendent knows what he says, and they do what he wants, or some other influential man wants. But a man who has been out to see the sermon and visit at hospitals would be a great gainer; and then these problems would be solved, if we really take action.

Dr. Harvey: Are there any more remarks?

Dr. Walter B. Johnson, Paterson: I rise to a point of order; and that is, that if this committee is to be a standing committee, it will not be a committee appointed by the chair.

Dr. Harvey: According to the Constitution, the chair can appoint standing committees. The committee appointed to co-operate with Psychopathic Clinics and Children's Courts was appointed on a resolution presented by Dr. Halsey last year. I will call on Dr. Halsey, who is the Chairman of that committee, to make a report.

Dr. Luther M. Halsey, Williamstown: I am going to ask the Society to kindly continue the committee for another year; because Dr. Madeleine Hallowell, of the Vineland Home for the Feeble-Minded, was sick, and she had all the data which the committee wanted to use. Therefore, it was impossible for the committee to get together and draft a report to be presented to the Legislature.

It was moved that the report be accepted and the committee continued. The motion was seconded and carried.

Dr. Harvey: I would state, for the benefit of those who are not familiar with the matter, that there is a very decided difference of opinion on matters relating to this work and juries are very unfamiliar with the proper method of commitment and taking care of the feeble-minded in the State. It was our intention to formulate a bill to be presented to the Legislature, by which a board of physicians should recommend the proper course in the examination of these persons. One man from each county should compose the board to recommend to the judges the proper plan to be pursued in cases of feeble-mindedness. That was the purpose of the contemplated resolution.

Dr. Harvey: The Committee to Consider Problems of Drug Addicts is the next in order. Dr. Charles C. Beling, of Newark, the Chairman, has asked that this report be postponed until another meeting of the House of Delegates.

It was moved and seconded that the report be postponed until a later meeting. Carried.

Dr. Harvey: The last special committee is the Committee on Venereal Diseases, of which Dr. Emery Marvel, of Atlantic City, is Chairman. Dr. Marvel is not here; so we will also postpone this report.

Dr. Harvey: Now we come to New Business. If Dr. McCoy has his amendment ready he will now offer it for first reading.

Dr. McCoy: I move the following amendment to the By-Laws:

Resolved, That a committee to be known as the Committee on Hospital Standardization be added to Chapter IX., Sec. 1 (b); that a section be added to Chapter X. to form Sec. 5 and to read as follows: Sec. 5. The Committee on Hospital Standardization shall consist of six members, appointed by the President, two for one year, two for two years and two for three years and thereafter two members annually to serve for three years.

Dr. Harvey: Is there any other new business?

Dr. J. Boone Wintersteen, Moorestown: I should like to introduce the following resolution:

Whereas, Upwards of 34,000 physicians of the United States of America entered the service of their country in the great war, now so gloriously won; and,

Whereas, A very large percentage of these physicians were graduates of ten or more years, and offered their services at great personal and pecuniary sacrifice, in many cases involving an absolute loss of practice and the necessity of locating elsewhere. Therefore, Be It

Resolved, That the House of Delegates of the New Jersey State Medical Society hereby places itself on record as endorsing legislative or other action that will permit all physicians who are graduates of recognized, standard medical schools, and who have served their country one year or longer, to practise medicine anywhere in the United States or its possessions without further examination or requirement other than the proper filing of his diploma, his license to practise medicine in the State from which he enlisted, his United States commission, and honorable discharge from the service.

The resolution was seconded.

Dr. Wintersteen: I offer this resolution because, as I said before, my experience was rather varied, and covered practically all the camps in the United States, either on assignment or on visit; and I found that the sentiment among the medical profession seemed to be that when they went back to their former location (and I might say that a great many were beyond the average age, and had an average age of forty-three or forty-four years, or at least over forty), they would have to go into group medicine or other line of practice. These men of the medical profession, medical officers, had been graduated for ten or more years. They all felt that when they went back they would find that various things had arisen, particularly in the case of those who had gone into the service early, that would make it very arduous for them to build up a practice again. A great many had determined to locate elsewhere, anyhow; some, for reasons of health or otherwise, had always wanted

to do so, and going into the service gave them the excuse. Being out of college ten years or more, they would find it difficult to pass the State Board examination; and it was felt if some way could be devised by which this could be avoided, while conforming to the laws of the better States, it would be a good thing. I have understood that the Medical Corps Veterans, which is to take in the Military Surgeons' Association, will make a total of something like forty-five thousand physicians in the country. The reason for including in the resolution "by legislative act or otherwise" is that if it is taken up, this Society will endorse such action.

Dr. Emanuel D. Newman, Newark: To whom is this to go? Can Congress pass such a law? If it does, will it be binding on the States? I do not think that New Jersey would take orders from the National Government. The matter is regulated by law, as it is. I agree with the spirit of the resolution, but I do not see how we can do anything.

Dr. Henry B. Costill, Trenton: On the face of this resolution, it sounds good. We all realize the sacrifice that it meant to the men of the State of New Jersey, as well as others, to enter the service of the government. We also fully realize that they recognized the magnitude of the sacrifice that they were called upon to make when they entered the service. We have, through many years, and after many struggles, built up a standard in our State and in other States; and, particularly in our own State, the standard for the practising of medicine is as high in its requirements as it is anywhere else in the country. If we open the doors as wide as this, for men to come in without measuring up to the requirements of our law, the first thing that we shall do is to make distictions between different members of the profession. I am willing to admit that the distinction has, on the face of it, something in its favor. It is a distinction in favor of men who have made severe sacrifices; but it will make two classes of physicians, those who served and those who stayed at home and probably rendered as much service to the country as any other class of men—even those who left home. Soon it is going to hamper us all the time with men coming into the profession. They will feel that we are admitting a certain class of men to practice without examination, while the others are required to stand a stiff examination. I believe that it is a dangerous proposition; although, on the face of it, it sounds good, and would naturally enlist my sympathy, as well as yours. I think that it should be very carefully considered.

Dr. Wintersteen: The resolution merely endorses any action that may be taken. I think that there is some misunderstanding. This admits nobody who is disqualified. It is a principle I believe in. It provides that a man shall have a diploma granted by some college recognized in the United States; that he shall have received a license to practice in some State; that he shall have had that diploma for more than ten years; that he shall have a commission in the United States Army; and that he shall have served the government for more than a year. This will not allow unqualified men to practise. It will allow a certain proportion of men who want to move from one State to another, having given up their practice, to go to another State and say, "Here I am; I cannot pass your examination now, although I could ten years ago; for I have appeared before a board and received a license in another State."

It was moved that the resolution be adopted. The motion was seconded and carried.

Adjourned at 12.30.

SECOND SESSION.

Tuesday Afternoon, June 24th.

SECOND SESSION OF THE HOUSE OF DELEGATES.

The meeting was called to order by the President at 3 P. M.

Dr. Harvey: The Secretary will now read the names of members of the Nominating Committee.

Dr. Chandler (Secretary) then read the following names of members who had been selected by the delegates from their respective county societies to serve on the Nominating Committee:

Atlantic County, Walt P. Conaway; Bergen County, George H. McFadden; Burlington County, J. Boone Wintersteen; Camden County, Henry H. Davis; Essex County, Wells P. Eagleton; Gloucester County, Harry A. Sout; Hudson County, Geo. E. McLaughlin; Hunterdon County, Samuel B. English; Mercer County, Jas. J. McGuire; Middlesex County, Barth M. Howley; Monmouth County, James J. Reed; Morris County, Wm. F. Costello; Passaic County, Frank J. Keller; Somerset County, Lancelot Ely; Union County, Jos. B. Harrison; Warren County, James M. Reese.

Dr. Harvey: In accordance with our custom, the proceedings of the hour will be introduced by an invocation, which will be offered by the Rev. Dr. Lippincott, of Spring Lake.

Let us pray.

We thank Thee, our Father, for own friends,

the doctors. We thank Thee for the work that they are doing. We thank Thee for the joy that they bring to humanity. We thank Thee for the infinite patience with which they are walking through the forests of disease. We thank Thee for the inspiration that they bring to their fellows. We remember time after time when they have come to the bedsides of our loved ones, bringing not alone the message of healing, but the message of cheer; and walking in the brightness of that light which never shone on land or sea, incarnate in Christ, our Master and our Redeemer.

We thank Thee for the fact that they are soldiers and prophets, blazing the trail for the subjugation of disease, walking through the ways of life, and tracing disease to its lair in the name of the white light of science. We thank Thee, O God, that we have the privilege of meeting these men continually, and we pray Thee that Thy blessing rich, in all of its influence, may rest on this organization, whose history is writ so large in the lives and hearts of the men and women of the State. We thank Thee for the men who left their homes and their practice, and who went over seas; and who so valiantly did their duty and, in love for their country and their God, sacrificed what they did. And we stop a moment to remember those who never came back, the physicians who went out from this State, who have paid the supreme sacrifice, who lie beneath the poppies in Flanders' Fields. May we hold up their virtues and their heroism to-day, and may they be conspicuous jewels in their characters that shall shine into our own lives and give us encouragement and great help.

Bless the deliberations of these days. May the recreations and the hours spent here be helpful and prolific of long life, and of good to these men upon whom we ask Thy richest blessings, and as we go through life, and as we take up our work again, may it be in all we do we shall recognize our Master, whom we serve, and whom we follow, and the drapery of whose garments are trailing through this land, even to-day. And in His name shall we give Thee all the praise. Amen.

ADDRESS OF WELCOME.

By Dr. Peter P. Rafferty, Red Bank.

Mr. President and Fellow Members of the New Jersey State Medical Society:

I cannot conceive of a greater privilege than that which is afforded me this afternoon, of being the mouthpiece of the Monmouth County Medical Society in extending a word of welcome to the Medical Society of New Jersey, met here in convention to-day. Now it is a proud privilege for our county society to be able to extend this right hand of fellowship and try to make this meeting as attractive as we can, through the instrumentality of the various committees. It is our wish that every detail of attractiveness be carried out to the letter, that all the recreations that can possibly be afforded by this delightful place, and what we consider to be very delightful surroundings, be placed at the disposal of the membership of our State Society and their guests and we trust that this year, as we felt in other years would be, shall be a banner year in the success and in the traditions of the New Jersey State Society. It is almost impossible to feel that the success of our State Society meetings can be improved upon, but we aim high; and we trust that when you leave these pleasant precincts and return to your homes after the meeting is over, you may carry away even pleasanter recollections than you ever did before.

An address of welcome, in order to be successful, must necessarily be brief; and again, ladies and gentlemen, with the profound wish that when you leave this convention, you may feel that you have been better taken care of and entertained than you have ever been before, I bid you welcome to Spring Lake. While there are no written regulations as to complaints on the part of anyone to the Entertainment Committee, we trust that anybody who feels that there has been anything overlooked will be good enough to report it, and we will do our best to have it rectified. We trust that when you leave, it will be with the wish of returning again; and the greatest thing that we can hope for will be the return of the State Society to Spring Lake, or to some other attractive spot in the county, to hold its next meeting.

Again we bid you welcome, and trust that every facility and every attraction will be afforded you; and again, with the deepest expression of the wish that you may take advantage of these things and once more be our guests on some future occasion, I thank you for your attention.

Dr. Harvey: Now the regular order of business will be taken up. The first item is Unfinished Business.

Dr. John C. McCoy read the second time his amendment to Article IX., Section b, of the By-Laws.

Dr. Harvey: This amendment will be again laid on the table until to-morrow when it will be taken up for discussion and voted on.

Dr. Winterstecn: I should like to offer as an amendment to this amendment to the By-Laws, that the men shall be members of the staff of a recognized hospital.

Dr. McCoy: I accept that. May I bring up the other resolutions?

Dr. Harvey: In a moment. We are still under Unfinished Business.

Dr. Chandler: There is another candidate for Permanent Delegate whose name was not presented this morning. That is, Louis Cook Osman, of Hackettstown.

It was moved and seconded that the Secretary cast the ballot for Dr. Osman as a Permanent Delegate. Carried.

Dr. David C. English of New Brunswick, Secretary of the Board of Trustees, read the following report:

At a meeting of the Board of Trustees held this morning, Dr. C. R. P. Fisher reported as follows:

The committee appointed by the Board to examine the accounts of Treasurer Mercer, report that they have made a thorough exami-

nation of the Treasurer's books and vouchers and find his accounts perfectly correct. Signed, C. R. P. Fisher, W. B. Johnson, Committee.

This report was ordered to be presented to the Society.—D. C. English, Secretary.

It was moved and seconded that the report be adopted. Carried.

The next thing on the program is the report of the Business Committee.

Dr. Frank M. Donohue, New Brunswick: Chairman of the Committee on Business: There is no report. No business has come before the committee.

Dr. Harvey: Now New Business is in order.

Dr. John C. McCoy, Paterson: It was requested this morning that we present this resolution at this afternoon's session. As I stated this morning, in speaking for the Hospital Standardization Committee, the time has come when, as a committee we should branch out into wider fields of usefulness; and with that in view, I persent the following:

Resolved, That the Hospital Standardization Committee be authorized to form a New Jersey Hospital Association, which shall consist of two lay representatives and two members of the medical staff and the superintendent of each hospital in the State having a minimum of twenty-five beds. Representation from other types of hospitals will be received, but without voice.

The resolution was seconded and, there being no discussion, was voted on and adopted.

Dr. Harvey: This concludes the session of the House of Delegates.

GENERAL SESSION.

Tuesday Afternoon, June 24th.

Dr. Harvey: We will commence the General Session with the paper entitled:

1. PLASTIC CONICAL ENUCLEATION OF THE CERVIX; SURGICAL INDICATIONS AND CLINICAL RESULTS IN TWENTY-FIVE CASES.

By Dr. F. Ward Langstroth, Ridgefield Park.

2. THE IMPORTANCE OF THE EARLY DIAGNOSIS AND OPERATIVE TREATMENT OF FRACTURE OF THE SKULL, WITH REPORT OF CASES.

By Dr. Wells P. Eagleton, Newark, N. J.

The paper was discussed by Drs. A. F. McBride, Paterson; John B. Roberts, Philadelphia; John C. McCoy, Paterson; C. A. Rosewater, Newark; Britton D. Evans, Greystone Park; Wells P. Eagleton, Newark.

3. THE VALUE OF THE ELECTRO-CARDIOGRAPH

By Dr. Joseph Sailer, Philadelphia, Pa.

4. GONOCOCCEMIA AND METASTATIC GONORRHEA.

By Dr. Hyman L. Goldstein, Camden.

Discussion of Dr. Goldstein's paper by Drs. H. Lowenburg, Philadelphia; Drs. E. D. Newman and L. L. Davidson, Newark; Otto Lowy, Newark; F. W. Langstroth, Ridgefield Park; C. A. Rosewater, Newark; H. I. Goldstein, Camden.

Dr. Harvey: We have purposed to devote a few moments at this hour to the memory of the officers who have died during this past year. No one needs to be told how much they are missed at this meeting, nor how great the loss has been to this Society. Dr. Henry Mitchell was always very active in the work of the Society, and had been its President. Dr. A. A. Strasser was a most successful chairman of our Publication Committee, and a man who had won a place in the hearts of all the medical men who knew him. Dr. T. N. Gray, our Secretary, was one of my oldest friends. We began the study of medicine together, and practised as neighbors for forty years. He was a most genial man, a loyal friend, and a faithful Secretary.

I have asked Dr. Edward J. Ill of Newark to speak of Dr. Strasser, and have requested Dr. Beling to memorialize Dr. Gray. Dr. Beling has written this memorial, but has been called away and cannot read it. Dr. James M. Maghee of Orange has kindly consented to read it for us. Dr. D. C. English of New Brunswick will speak of Dr. Mitchell.

These memorials were read and will be published in a subsequent issue of the Journal.

The meeting then adjourned—5.45 P. M.

THIRD SESSION.

Tuesday Evening, June 24th.

The meeting was called to order by Dr. Harvey at 8.30 P. M. The Third Vice-President, Dr. Philander A. Harris of Paterson then took the chair.

THE ADDRESS OF THE PRESIDENT.

By Dr. Thomas W. Harvey, Orange.

(See July Journal).

ORATION IN SURGERY.

By Major Ellsworth Eliot Jr., M. D., New York City.

On motion of Dr. English, a rising vote of thanks was given to Dr. Eliot for his interesting and instructive oration.

A reception to the returned members of the Society belonging to Army and Navy Medical Corps was then held. Brief addresses were made by Col. David A. Kraker, M. D., Newark; Lt. Col. John C. McCoy, M. D., Paterson; Major Wells P. Eagleton, M. D., Newark.

FOURTH SESSION.

Wednesday Morning, June 26th.

HOUSE OF DELEGATES.

The meeting was called to order by the President, Dr. Harvey, at 9.30 A. M.

Dr. Harvey: I wish to make a statement concerning the action that was taken yesterday with regard to the Committee on Hygiene and Sanitation. By resolution, on recommendation of the Chairman of the committee, that committee was dropped from our list of standing committees. This was entirely out of order; because it is a committee established under a By-Law, and can be dropped from the list only by a regular amendment to the By-Laws. So that committee still stands until it is dropped by amending the By-Laws.

Is there any other Unfinished Business?

Dr. D. C. English: I do not know whether this comes under Unfinished Business or not. It is a continuation of our thought last night. My attention was called off last evening and I was prevented from doing that which it was in my mind to do.

I now offer the following:

Resolved, That a committee of five be appointed by the chair, of which President Harvey shall be chairman, to consider the recommendations contained in President Harvey's address; and that the committee shall have full power to adopt and carry out any measures which they deem proper, at such epxense to the Society as the Board of Trustees shall approve.

The resolution was seconded and adopted.

Dr. Chandler: I have a report from the Committee on Venereal Diseases

Committee on Venereal Diseases.

To the President and Members of
New Jersey State Medical Society.

Gentlemen:

Your Committee appointed to co-operate with the Federal Public Health Service in an effort to minimize the existence of venereal diseases has endeavored to fill this function. There has been no formal meeting of this committee held. Correspondence by the chairman with the respective members developed a decision that each member should hold himself in readiness and willing to serve the representative of the Federal Government, Post-Surgeon, J. Holmes Smith, who had been detailed to duty for the State of New Jersey, with offices at Trenton. Several of the county societies have at specified meetings, considered this subject and most of them have been visited by Post-Surgeon J. Holmes Smith. The members of your committee have been active in arranging these meetings and co-operating with the work.

Respectfully submitted,
Emery Marvel, Chairman.

It was moved and seconded that the Report of the Committee on Venereal Diseases be received and filed. The motion was carried.

Dr. Chandler: I have also another matter to bring up. Dr. Elmer Barwis of Trenton has been absent from two consecutive meetings without excuse. His name is, therefore, dropped from the roll of Permanent Delegates.

The resignations of Drs. Henry B. Costill of Trenton, and Philander A. Harris of Paterson as Permanent Delegates of the Society were presented and were, on motion, accepted.

Dr. Harvey: If there is no other unfinished business, the next thing is the Report of the Business Committee.

Dr. Frank M. Donohue, New Brunswick, Chairman: Nothing has been referred to the Business Committee, Mr. President.

Dr. Harvey: I have a communication from Dr. Marvel, which the Secretary will read.

Dr. Thomas W. Harvey, President,
the Medical Society of New Jersey,

My dear Doctor Harvey:

Enclosed is a letter to me from Doctor Talbot Reed, bearing its own message. I can see no objection to having the State Society back an invitation for the convention for the American Public Health Association, as a number of its members are closely allied with hygiene, sanitation and other measures supportive of Public Health and Education. New Jersey, as well as Atlantic City, necessarily is benefited by these larger and more important conventions and as the invitation will not involve the State Society, in any particular, I trust that you and the Board of Trustees will see the way clear to extend the invitation.

Very cordially yours,
Philip Marvel.

Dr. Philip Marvel.
Dear Doctor:

I have taken up the 1920 annual convention of the American Public Health Association with Dr. Lee H. Franckel, who assures me that the invitation from Atlantic City to be effective must not be a commercial one, that is to say, the invitation should be extended by the medical fraternity and the allied organizations, therefore I have taken the liberty of writing you to see if you could secure an invitation from the State Medical Association for the above purpose.

I gained the assurance that if Atlantic City does not secure the next convention of the A. P. H. A., that it will probably go to Detroit

and to no other community in the State of New Jersey.

I will take the matter up and endeavor to secure an invitation through the State Health Officers' Association and the State Sanitary Association at their next meeting.

Very sincerely,

Talbot Reed.

It was moved by Dr. English that it be referred to the Business Committee. The motion was seconded and carried.

Dr. Harvey: Is there any other New Business?

Henry Spence, Jersey City, representing the State Board of Health: I should like to state that Captain Joseph Holmes Smith, who has charge of Venereal Disease Control in New Jersey, has been notified by the United States authorities that on the 1st of July they would require his services. In other words, we obtained an extension of time for a period of between two and three months, and the State Department is now seeking some man experienced in venereal disease control work to take his position. I should be very much pleased if any of you who are interested in such work and know of a man in the State who would be suitable for the position would give me his name, and I will suggest it to the State Department of Health. The Government now appropriates as much money as the State will appropriate for the fighting of venereal diseases, and we are anxious to get the best man we can in the place of Captain Smith, who has been very efficient.

Dr. Harvey: Dr. McCoy, you can present your amendment for its third reading.

Dr. John C. McCoy, Paterson:

Resolved, That a committee to be known as the Committee on Hospital Standardization be added to Chapter IX., Sec. 1 (b); that a section be added to Chapter X. to form Sec. 5 and to read as follows: Sec. 5. The Committee on Hospital Standardization shall consist of six members, appointed by the President, two for one year, two for two years and two for three years and thereafter tw members annually to serve for three years; that these appointees shall all be members of the staff of a standardized hospital, in the State of New Jersey.

I move the adoption of this amendment.

The motion was seconded and carried.

Dr. Harvey: We have now reached the hour of ten, and we will adjourn the meeting of the House of Delegates and begin the General Session.

GENERAL SESSION.

THE MEDICAL SERVICE IN A BASE HOSPITAL.

Dr. Martin J. Synnott, Montclair.

Discussion of Dr. Synnott's paper: Major A. F. McBride, M. D., Paterson; Lt. Col. John C. McCoy, M. D., Paterson; Dr. H. M Ewing, Montclair; Col. David A. Kraker, M. D., Newark.

Dr. Harvey: I will announce that the committee to consider the recommendations in the President's Address will consist of Drs. Henry B. Costill, Trenton; D. C. English, New Brunswick; John C. McCoy, Paterson; Wells P. Eagleton, Newark, and Thomas W. Harvey, Orange.

RAYNAUD'S DISEASE.

Dr. Henry Pelouse de Forest, New York.

Discussion: Drs. Louis G. Shapiro, Paterson; Emanuel D. Newman, Newark; Fred W. Flagge, Rockaway; H. P. de Forest, New York.

Dr. Harvey: I think we all join most heartily in thanking Dr. de Forest for his marvelous and interesting paper.

ANNUAL REGISTRATION OF PHYSICIANS.

August S. Downing, LL. D., Albany, N. Y.,

(Through some mistake, Dr. Downing was unable to be present; but Dr. Alexander MacAlister of Camden made a few remarks on the subject).

Discussed by Drs. E. B. Rogers, Collingswood, and Chas. A. Rosewater, Newark.

ALCOHOL AS A MEDICINE.

Dr. Charles A. Rosewater, Newark.

Discussed by Dr. Linn Emerson, Orange.

LEUKOCYTE EXTRACT FOR THE TREATMENT OF UNDETERMINED INFECTIONS.

Dr. G. F. Leonard, New Brunswick.

Discussed by Dr. L. F. Bishop, New York City.

FIFTH SESSION.

Wednesday Afternoon, June 25th.

MEETING OF THE HOUSE OF DELEGATES.

The meeting was called to order by the President at 2.45 P. M.

The Report of the Nominating Committee was read by the Secretary, as follows:

Report of the Nominating Committee.

The Nominating Committee presents the following nominees for each of the offices to be filled, also nominees for the standing committees, councilors, delegates to the American Medical Association and to State societies:

President, Gordon K. Dickinson, Jersey City; first vice-president, Philander A. Harris, Paterson; second vice-president, Henry B. Costill, Trenton; third vice-president, James Hunter Jr., Westville; corresponding secretary, Harry A. Stout, Wenonah; recording secretary, William J. Chandler, South Orange; treasurer, Archibald Mercer, Newark.

Councilors—First District (Union, Warren, Morris, Essex), Christopher C. Beling, Newark;

Second District (Sussex, Bergen, Hudson, Passaic), John C. McCoy, Paterson; Third District (Mercer, Middlesex, Somerset, Hunterdon), Edward S. Hawke, Trenton; Fourth District (Camden, Burlington, Ocean, Monmouth), William H. Iszard, chairman, Camden; Fifth District (Cape May, Cumberland, Atlantic, Gloucester, Salem), Walt P. Conaway, Atlantic City.

Committee on Arrangements—Henry B. Costill, chairman, Belmar; Samuel R. Knight, Spring Lake; Edwin Field, Red Bank; Gordon K. Dickinson, ex-officio, Jersey City; William J. Chandler, ex-officio, South Orange.

Committee on Program—(One member), Fred F. C. Demarest, Passaic.

Committee on Scientific Work—Alexander MacAlister, Camden.

Committee on Legislation—Luther M. Halsey, Williamstown; Henry H. Davis, Camden.

Committee on Publication — William J. Chandler, South Orange; Charles D. Bennett, Newark, to fill unexpired term of August A. Strasser; David C. English, ex-officio.

Delegates to the American Medical Association—For two years, Henry H. Davis, Camden, and George E. Reading, Woodbury; for one year to fill unexpired term of W. S. Lalor, Frank J. Keller, Paterson.

Alternate Delegates—J. Boone Wintersteen, Moorestown; George E. McLaughlin, Jersey City, and C. R. P. Fisher, Bound Brook.

Committee on Revision of the U. S. Pharmacopoeia—John F. Anderson, New Brunswick; Isaac E. Leonard, Atlantic City, and Edward B. Rogers, Collingswood.

Committee on Hygiene and Sanitation—H. Garrett Miller, Millville, term expires 1922; Geo. E. McLaughlin, Jersey City, term expires 1922.

Delegates to the Medical Society of State of Pennsylvania—Howard F. Palm, Camden; Harry A. Stout, Wenonah; Wilbur P. Rickert, Millville; David C. English, New Brunswick.

Delegate to the Medical Society of the State of New York—Frank M. Donohue, New Brunswick.

Other delegates to State societies will be given credentials on application to the Secretary of this Society.

It was recommended that we meet next year at Spring Lake—the exact date to be fixed later by the Board of Trustees.

On motion, the Secretary was instructed to cast one ballot for the election of the gentlemen whose names had been presented by the Nominating Committee (there being no nominations from the floor), and for approval of the report.

Dr. Chandler reported that he had cast the ballot, and the following were declared elected as officers for the ensuing years:

President, Dr. Gordon K. Dickinson of Jersey City; First Vice-President, Dr. Philander A. Harris of Paterson; Second Vice-President, Dr. Henry B. Costill of Trenton; Third Vice-President, Dr. James Hunter Jr. of Westville; Corresponding Secretary, Dr. Harry A. Stout of Wenonah; Recording Secretary, Dr. William J. Chandler of South Orange; Treasurer, Dr. Archibald Mercer of Newark. Councilors: Drs. Christopher C. Beling, Newark; John C. McCoy, Paterson; Edward S. Hawkes, Trenton; William H. Iszard, Camden, and Walt P. Conaway, Atlantic City.

The balance of the report was then, on motion, unanimously adopted.

Dr. Harvey: We will now proceed to Unfinished Business.

Dr. Luther M. Halsey, Williamstown: Mr. President, with your permission, I should like to introduce to this Society Dr. Wilmer Krusen, Chief of the Department of Health and Charities of the City of Philadelphia, requesting that he be made a corresponding member of this Society.

Dr. Harvey: Dr. Krusen, we shall be glad to have you step to the front and speak to us.

Dr. Wilmer Krusen, Philadelphia, Pa.: Mr. President and members of the House of Delegates of the New Jersey State Medical Society: I do not want to interfere with your business, but it is a pleasant privilege to me to bring the greetings of the Medical Society of the State of Pennsylvania and of the City of Brotherly Love to the oldest medical society of the United States. The record that you have made of having more than one-third of your membership in the service is something that deserves the applause and approval of the entire medical profession.

I have no desire to make a speech, but wish to say that I am glad to be with you. I am here as a guest of one of your oldest members, Dr. Luther M. Halsey, and I appreciate it.

REPORT FROM THE BOARD OF TRUSTEES.

Dr. D. C. English, New Brunswick: At a meeting of the Board of Trustees this morning, the following resolutions were thoroughly discussed and adopted:

Resolved, That we approve the recommendations of the Prize Essay Committee and agree to the appropriation of one thousand dollars from the funds of the Society for the purpose of carrying out the plans substantially as outlined in the report of the committee presented to the House of Delegates, which was referred to the Board of Trustees.

Resolved, That we select the following subjects:

1. Group Medicine; Can it Become Practical for the General Practitioner in the Rural Districts?

2. State Medicine, or the Sociological Effort of the Profession; Has the Time

Arrived for its Adoption? and, if so, What Should be the Attitude of the Medical Profession Toward it?

Resolved, That the sum of one thousand dollars be offered as prizes for the most meritorious papers presented on these subjects, five hundred dollars for the first, and five hundred dollars for the second subject; the competition for the first to be open to the medical profession of the world, and that for the second to any citizen of this or any other country.

Respectfully submitted,

D. C. English,

Secretary Board of Trustees.

Dr. Harvey: These resolutions are offered, I presume, for confirmation by the House of Delegates. I suppose they require a second.

The resolutions were then seconded.

Dr. Harvey: The question of their adoption is open for discussion.

Dr. Britton D. Evans, Greystone Park: Mr. President, there is only one point that I should like to criticise. This is open to the competition of the profession of this State, any other State or any other country. I think that there should be a condition. I suppose that the condition could be imposed after the resolution passes in its present form; but the condition that I would like made is that the essays should be submitted in the English language. We might have a number of languages, and have to employ a translator to read them; and without a competent one, you would lose some of the finer points. That is only a suggestion.

Dr. English: Let me say for the further information of the Society that the Board of Trustees is going to be very careful in this matter. The committee is to report to the Board, which is the Society for the transaction of business that requires prompt action during the interim between yearly meetings. The committee will report, and the matter will be taken care of, and very competent men will be selected to pass judgment on the essays as to which deserve the prizes.

The resolution was voted on and approved.

Dr. Harvey: Is there any other Unfinished Business.

Dr. Luther M. Halsey, Williamstown: I desire to introduce a set of resolutions that, I think, are very appropriate at this time.

Whereas, From time to time unwarranted attacks are made upon the medical profession as a body and upon individual members of recognized standing as physicians and citizens, and

Whereas, Such attacks are spread broadcast through the columns of the press to the detriment of the medical profession and medical men generally, and

Whereas, In the past comparatively no organized methods have been made and provided by which such attacks can be met and their gross injustice exposed and reliable facts placed before the public, and

Whereas, Simple resolutions disapproving attacks upon medical men as a class go, as a rule, little further than the convention hall in which they are passed,

Be It Therefore Resolved, That a committee of five members of this Society be appointed to protect and defend the medical profession and its membership from malicious attacks made upon them often for political reasons, jealousies, malicious desires and notoriety, and

Be It Resolved, That it shall be the function of this committee to take up and carefully consider any movement, action or attack calculated to belittle the medical profession or impair its usefulness, dignity or legitimate well being; that the committee shall co-operate with the regular Legislative Committee in opposing legislation that in any way reflects upon our profession and its membership, or any legislation to discriminate against medical men in their discharge of official functions or private business life, and

Be It Further Resolved, This committee shall have power, in co-operation with the Committee on Legislation and the Committee on Publicity, to establish propaganda in order to further the true interests of the profession, uphold its dignity, repel malicious attacks, acquaint the public with facts and figures in all matters and things where the profession or its membership has been unjustly, unfairly or maliciously attacked,

Be It Further Resolved, That the committee shall be known as the Committee on Professional Standing.

Dr. Halsey: I move the adoption of these resolutions.

The motion was seconded.

Dr. English: I would call your attention to the fact that these resolutions conflict with our action taken this morning, and therefore should be referred to the committee of five appointed this morning to take into consideration the recommendations in the President's address, with power to act, at such expense to the Society as the Board of Trustees should approve. I move that they be referred to that committee. They are excellent resolutions, but there is no need for two committees to do actually the same thing.

Dr. Halsey: It is not my intention to take from the committee that was appointed for the matter designated; but I think that the time is ripe for decisive action in these matters. Even if the recommendations of the President should be acted on by this committee, I do not think that this would have any effect on taking up these matters in the future for the profession at large.

Dr. Britton D. Evans, Greystone Park: The committee has been appointed to deal with certain specific points laid down in the President's address. The committee that is proposed is not one to deal with the proposition as referred to in a circumscribed manner, but one to stand ready during the year to take charge of things, with your approval, and act on them at the time when action is needed; and not a committee to make a definite report on certain items incorporated in the very illuminating and valuable address of the President, which we all appreciate, but that makes a circumscribed action for the committee. As I understand, Dr. Halsey's committee is not to act on what is now before us, but on anything that may come up during the year; and, when properly authorized by this organization, to be an active representative committee, with power to act, and not let our profession be attacked from time to time, and reflections cast on us, and we wait for an annual meeting to take action to vindicate ourselves. We, as a profession, and this Society as an organization, and similar organizations in various States, should stand by one another, not in the doing of that which is wrong, not to uphold the mistaken and unfortunate acts of our weaker brethren; but to support the dignity of the profession, and not allow it to be trampled upon by anybody that seems to think that by doing so, it can advance its own interests or belittle the profession by notoriety or things of that kind. If we stand together, we shall be a power. We do not stand together. One looks for the other to do it. If we have some unified effort or can operate through a definite, well-defined and organized channel, it will be a strength to us as an organization, and to our profession throughout the State and the land.

While there may be some changes and improvements to be made in these resolutions, they are certainly in the right direction. It seems to be too easy to reflect on a good and unselfish and self-sacrificing organization such as the medical profession—an organization that is ready, when the public, the country, or our conscience demands it, to come forward and make complete sacrifices for the public welfare. That we should be trampled on indiscriminately, just as it pleases people, and the public press should take away from us that which we prize as a matter of honor and justice, is a shame. The time should be past for that. If we can get together and stand together firmly, and let our efforts be united, it can be stopped.

I will not take any more of your time, except to cite what a well-known politician said to me. He said: "Doctor, if the physicians of New Jersey or any other State stand together for anything to promote the welfare of the public, the dignity of the profession, and its methodical and energetic operation along the lines on which the physician operates, no party or combination of parties can defeat them. The only way that they are defeated is that they do not stand together when attacked. Whenever I have been in a hole and called for the family physicians of the district in which I was operating, and have said, 'This is not fair to you or the cause you represent; will you stand by me?' I have never lost. It is a lack of co-ordination and unity that is defeating the profession."

Dr. English: I do not wish to be misunderstood in the least, I am entirely in sympathy with these resolutions. My only thought was that we did not want two committees to manage the same thing. I cannot recall the President's recommendations, but I should like him to inform us whether they do not have a direct bearing on this very subject.

Dr. Walter B. Johnson, Paterson: I should like to say one word, and that is that the suggestions made by Dr. Eagleton at the meeting yesterday, in relation to properly setting forth by propaganda the desires and wishes of the medical profession and, if necessary, the defense of the medical profession, is not quite covered by the resolutions; but I can see that by starting such a commitee, it would be possible to have it not only take up any slurs or action against the profession that may arise at any time, but also take up the combating of the propaganda against the profession. That is what we want, and I think that it should be included in these resolutions. If this committee can do that, and answer the questions that Dr. Eagleton put yesterday in relation to the matter, this will be a good thing. He put the situation clearly and concisely; and I think that the time has come for such action, not only for the defense of our members or clearing up any uncomfortable or unwarranted remarks or action, but also, if possible, to take up a medical propaganda and keep before the people of this State and other States the rights of the physicians in the community in which they live. If they can do this, I say that this resolution should be adopted at once.

Dr Harvey: Do you wish me to re-state my suggestions? They were that there be a

new standing committee, whose object should be to look after the welfare of the medical profession. This committee, appointed this morning on suggestion or resolution, was designated to formulate action in this direction; and might be designated as a welfare committee, the objects of which should be as wide as the world, and include whatever can help or defend the profession. It was my idea that they should arrange for a committee, who should be able to attend quickly, to take action in regard to any matter interesting to or involving the profession. That is the suggestion that I made; and this committee that has been appointed expects to have a meeting in a couple of weeks, at which some plan will be arranged by which such an active committee can be provided for. Of course, the standing committee cannot be made a portion of the government of this Society until next year.

Dr. Johnson: I should like to know, then, whether there is not a motion that this resolution be referred to this committee. If so, I will second the motion; because I think that whatever is contained in Dr. Halsey's resolution is also in the other resolution recommended by Dr. Harvey.

Dr. English: I would amend my motion, and make it that these resolutions be favorably referred to that committee of five of which Dr. Harvey is chairman.

The amended motion was seconded.

Dr. Harvey: Will that action be agreeable to the maker of the resolution?

Dr. Halsey: Thank you, yes.

The motion was voted on and carried unanimously.

The report of the Business Committee was then called for.

Dr. W. Blair Stewart, Atlantic City: In the absence of Dr. Donohue, the Chariman of the committee, I would report on this matter that has been referred to us, the request of Dr. Marvel that the State Society join in an invitation to the American Public Health Association, an association doing a great work, to hold its annual meeting next year in this State. In order to have the association come to New Jersey, they must have the strongest medical recommendation. They have two places of meeting in view. One in Detroit, and the other, Atlantic City. The Business Committee finds that there will be no obligation in extending this invitation, except as entertainers. We recommend, therefore, that the Medical Society of New Jersey extend an invitation to the American Public Health Association to meet at Atlantic City in 1920. The date has not yet been fixed definitely.

The recommendation was voted on and adopted.

Dr. Alexander MacAlister, Camden: I wish to make a motion that the question of the annual registration of physicians be referred to the Board of Trustees for their consideration and action.

The motion was seconded.

Dr. Norton L. Wilson, Elizabeth: As a member of the Board of Trustees, I would say that I think that this matter should be talked over on the floor of the House of Delegates.

Dr. Harvey: It was talked about this morning.

Dr. Wilson: This is the body to determine these things, not the Board of Trustees.

The question of referring the matter to the Board of Trustees was voted on and lost.

Dr. Halsey: I asked yesterday, in the House of Delegates, that the committee appointed to co-operate with Psychopatic Clinics and Children's Courts be continued for another year, for reasons that I stated then. Yesterday Dr. Evans told me that he would like to say a few words about the matter; and I would ask for him the privilege of making a few remarks on the subject of the bill concerning the feeble-minded in New Jersey.

Dr. Harvey: I do not know how we can take that matter up now.

Dr. Halsey: It was not disposed of, but laid over until to-day.

Dr. Harvey: Then you wish to bring up the subject of co-operation with psychopathic clinics and children's courts?

Dr. Halsey: Yes, sir.

Dr. MacAlister: There is no place in the State for the idiot. I have run across some cases in which the home conditions were such that the family could not care for idiot members, and the State provides no place where they may be sent for instruction or treatment, as may be necessary.

Dr. Britton D. Evans, Greystone Park: This matter of placing imbecile and idiotic children has come to the notice of practically every practitioner in the State. I am appealed to from day to day about it. It seems that there is great difficulty in finding a place for them. I have appealed to the Board of Charities and Correction, now known as the Board of Institutions and Agencies. The change of title was made at the last session of the Legislature; but for

years, applications have been made to the State Institution for the Feeble-Minded, and have been turned down. I have been appealed to because certain practising physicians, knowing of my official connection with a large institution for mental infirmities, thought that I might be able to throw some light on the matter. I have consulted with the Federal Board, and they have assured me, from time to time, that the institution over which Dr. Madeleine Hallowell presides is to take idiots and imbeciles of the feeblest varieties. Appeals have been made to her, and the reply given that they have no room or facilities for looking after this grade of defective humanity. There are, throughout the State, children whose parents and friends are not able to look after them. The whole family is made dependent, because the child cannot be properly placed. New buildings have been added and new forms gotten out under the Law of 1918; I think that it is Chapter 147. These commitments commit the feeble-minded idiots and imbeciles in the same way as the insane. Several applications from Hudson County have been made, and the County Physician has appealed to me; and I have, in turn, appealed to the Commissioner, who has almost unlimited power in the handling of the various institutions—penal, correctional and charitable; or any institution supported, in whole or in part, by funds from the State Treasury. The forms are out now, so that applications may be made in due form; but the blanks are being withheld, because the superintendent says that she will not be able to take any more children in until after the 1st of July. Dr. Hallowell is ill; and it is unfortunate that she is not in the room, to enlighten us as to what her arrangements are with the State Board. It is a most perplexing problem to the physician into whose hands these propositions come. If, by any action of this organization, we can better this situation, if not immediately, by our influence in the Legislature, in such a manner that the public may be served and these children cared for intelligently and humanely, I think that such action would be highly commendable.

A Member: About how many such children are there in the State?

Dr. Evans: I have no way of determining. I think that there are about one thousand to fifteen hundred, approximately, of those not classified in such a way as to go to institutions for the insane. There are people who are congenitally weak-minded or idiotic, and those who in early childhood exhibit their mental deficiency. The institutions for the insane are by statute prohibited from taking these people; and if they were not, it is certainly inadvisable to put helpless little children among strong and excited insane persons. Other States make definite provision for idiots; and I think that it reflects seriously on our State that we have no place for them. While we have an institution at Vineland, they ask there whether the applicants for admission are destructive or soiling, or children who will not attend to the calls of nature; and whether they are children who can be improved in an educational way. In other words, it is a selective institution, rather than one that would take in all these defective, and so help the various communities.

Dr. Harvey: If there is some action to be taken by the body in connection with this matter, I think that it should be referred to this committee for a report. On motion, the matter was referred to Dr. Halsey's committee.

Dr. Gordon K. Dickinson, Jersey City: I should like to offer an amendment to the By-Laws, Chapter VI., Section 4, as follows: Omit the words, "approved by the Board of Trustees."

Dr. Harvey: This will have to lay over for another year. Is there any further Miscellaneous Business?

Dr. Chandler: I present here the resignation of Dr. James Hunter, Jr., of Westville, as a Permanent Delegate.

It was moved and seconded that his resignation be accepted. Carried.

Dr. Chandler: I have also to announce that the excuses received by the Judicial Council for the absences of Dr. William Buerman, of Newark, and Dr. Elisha C. Chew, of Atlantic City, are accepted.

Dr. Frank Devlin, Newark: I rise to to question of information. I should like to know the method of electing Permanent Delegates to the State Society?

Dr. Harvey: It is in the Constitution. (Read the part of the Constitution covering the point.)

Dr. Devlin: I did not mean to inflict upon the Society anything like that. The information that I wanted was this:

As I understood it, I was elected a Permanent Delegate to this Society two years ago by the Essex County Medical Society. Under that impression, that I was a Permanent Delegate of the Society, although I had never received a card from the State Society or from my county society. I

called up Dr. Chandler, the other day; and if my impression of his conversation is right, he told me the county societies only vote to recommend men to the State Society as candidates for election as Permanent Delegates.

Dr. Harvey: That is correct.

Dr. Chandler: If Dr. Devlin was nominated by the Essex County Society at a regular meeting for the nomination of Permanent Delegate, his name should have been sent by the Secretary of that society to the Secretary of this Society; and a certificate, made out in proper form, as indicated in the Constitution, should also have been sent to this Society. No such notification was ever sent by the Essex County Society to Dr. Gray, and no record of the receipt of any such name or certificate can be found. The component society selects the nominees. They elect them as nominees. When the name is presented to this Society, the man is either elected or rejected. Until elected here, he is not a Permanent Delegate.

Dr. Evans: I move that we pass a vote of appreciation of the hospitable and courteous attention that we have received at the hands of this hotel management.

The motion was seconded and carried.

Dr. Chandler: I should like the Corresponding Secretary to make a report on the attendance.

Dr. Harry A. Stout, Wenonah: The attendance of members at the present time is 266. There are also 176 guests, making a total of 439.

Dr. Harvey: The meeting of the House of Delegates will now adjourn, and we will begin the work of the General Session.

Adjournment at 3.45 P. M.

GENERAL SESSION.

Wednesday Afternoon, June 25th,

Dr. Harvey: Dr. McCrae has to get a train, so we are going to give him first place on the program. He will deliver the Oration in Medicine for us. (Applause.)

ORATION IN MEDICINE.

By Dr. Thomas McCrae, Philadelphia.

Dr. D. C. English, New Brunswick: I move you, Mr. President, that a vote of thanks be extended to Dr. McCrae for his magnificent and scholarly address.

The motion was seconded and carried.

ADDRESS OF THE THIRD VICE-PRESIDENT.

By Dr. Henry B. Costill, Trenton.

Dr. David C. English, New Brunswick: I have something to say to the Society before we adjourn. It has been customary always, in closing the session of an annual meeting, to recognize the faithful services of the presiding officer. I rise, not because it is customary, however. I rise because it is peculiarly appropriate that we take that action on this occasion.

Dr. Harvey has served this Society, not for one year only, but practically for two years. The absence in the war of Lieutenant Colonel Schauffler, who was then President, called on Dr. Harvey to preside at the last year's meeting; and he has faithfully served us during another year. Let me say to you that he has served us in a period of our Society's history that has been difficult and more exacting of a presiding officer than any that has gone before; and the service that Dr. Harvey has rendered to this Society is worthy of recognition and the heartiest thanks that this Society can give.

I, therefore, take pleasure, Mr. President-elect, in moving that the heartiest thanks of this Society be tendered to President Harvey for the conspicous ability with which he has performed the duties of this office during this past year or more.

Dr. Gordon K. Dickinson, Jersey City, President-elect: Gentlemen, you have heard that well-merited testimonial. I fully agree with everything that Dr. English has said, and cannot add anything to it. I will put the motion; and all in favor of that motion will say "aye." It is unanimous.

Dr. Harvey: I thank you. If I had known what Dr. English wanted, I should not have given him the floor.

It is now my pleasant duty to present the new President of the Society. There are few who have deserved so much from their fellow men as Dr. Dickinson, who has always been active in every project that had for its object the welfare of the doctor or his fellow men. Dr. Dickinson, it gives me much pleasure to hand over to you the token of your office, the Constitution, which you should study well; and also this mallet, which is the one that Dr. Pierson formerly used in the Hall of Surgery. The regular gavel has disappeared.

Dr. Gordon K. Dickinson, Jersey City: It is all right to have this mallet; I can hammer. It is all right to have this Constitution; I can read it. But I trust that you will aid me in avoding parliamentry tangles, and in maintaining the decorum of this Society.

There is one thing that occurs to me. I think would be appropriate; and I should like to have it my first act as President. I am told that Dr. Schauffler is practically Governor of the City of Coblenz. That is a

big job, and one that is a credit to him; and I think that a resolution or some communication through the Secretary, saying that we appreciate the great honor bestowed on him and, through him, on the State Society, would be a good thing.

Dr. Henry B. Costill, Trenton: I move that the Secretary be instructed to either write or cable our congratulations and appreciation of the well-merited distinction that has come to Dr. Schauffler.

The motion was seconded and carried unanimously.

Adjourned at 4.45 P. M.

Attendance at the Annual Meeting.

Fellows.

O. H. Sproul, David C. English, C. R. P. Fisher, Luther M. Halsey, Walter B. Johnson, Alex. Marcy Jr., Edward J. Ill, Thomas H. Mackenzie, Daniel Strock, Norton L. Wilson, Enoch Hollingshead, William J. Chandler.

Officers.

Thomas W. Harvey, Gordon K. Dickinson, Philander A. Harris, Henry B. Costill, Harry A. Stout, William J. Chandler, Archibald Mercer.

Permanent Delegates.

W. Blair Stewart, W. Edgar Darnall, J. Addison Joy, Walt A. Conaway, Edwin H. Harvey, Samuel E. Armstrong, George H. McFadden, Frederick S. Hallett, Alva A. Swayze, Joseph Payne, J. Boone Wintersteen, George T. Tracy, Marcus W. Newcomb, Ephraim R. Mulford, William H. Iszard, Alexander MacAlister, John T. Leavitt, Henry H. Davis, Howard F. Palm, William A. Wescott, A. Haines Lippincott, Randolph Marshall, H. Garret Miller, William J. Chandler, Chas. F. Underwood, Chas. D. Bennett, David E. English, George B. Philhower, Theodore W. Corwin, L. S. Hinckley, Wells P. Eagleton, Jesse D. Lippincott, Linn Emerson, Henry J. F. Wallhauser, Elbert S. Sherman, Christopher C. Beling, James M. Maghee, Emanuel D. Newman, Eugene W. Murray, John B. Morrison, Theodore Teimer, Mefford Runyon, James Hunter Jr., Joseph M. Rector, Mortimer Lampson, John J. Broderick, John J. Mooney, Henry H. Brinkerhoff, Henry Spence, Immanuel Pyle, Charles H. Purdy, George M. Culver, William F. Faison, Henry J. Spaulding, Henry J. Bogardus, William L. Pyle, J. Morgan Jones, Wm. Perry Watson, Charles F. Adams, Nelson B. Oliphant, Henry A. Cotton, Frank M. Donohue, A. Clark Hunt, Edgar Carroll, Arthur L. Smith, John G. Wilson, Edwin Field, Harry E. Shaw, Cuthbert Wigg, James Douglass, Frederick W. Flagg, Britton D. Evans, Henry W. Kice, Ralph R. Jones, John T. Gilson, Andrew F. McBride, Fred. F. C. Demarest, Francis H. Todd, Joseph V. Bergin, Henry H. Lucas, John C. McCoy, Aaron L. Stillwell, Frederick P. Wilbur, James S. Green, Edgar B. Grier, Stephen T. Quinn, Joseph B. Harrison, G. Wyckoff Cummings, James M. Reese, Louis C. Osmun.

Annual Delegates.

Alfred W. Ward, Raphael Giladay, David Corn, R. Irving Downs, Thomas B. Lee, Edgar Clement, John J. Haley, W. P. Rickert, Peter B. Davenport, Hugh J. Devlin, Aaron Nelson, Wm. W. Brooke, Walter D. Weber, Samuel B. English, Wm. L. Wilbur, David B. Ackley, James J. McGuire, Chas. J. Sullivan, Barth M. Howley, Harry B. Slocum, James J. Reed, Wm. F. Costello, Vanderhoof M. Disbrow, Chas. J. Kane, Frank J. Keller, Louis G. Shapiro, John N. Ryan, Lancelot Ely, Horace R. Livengood, Stephen J. Keefe, John J. Runnels.

The following Permanent Delegates have been absent for two years consecutively without excuse by the Councilors: Jas. W. Proctor, John E. Pratt, Chas. Calhoun, Wm. B. Graves, W. H. Hicks, W. S. Washington, C. E. Sutphen, E. Z. Hawkes, F. W. Pinneo, John J. Bauman, Daniel E. Roberts, Geo. H. Balleray, Wm. Flitcroft, Wm. H. James, John F. Smith, Walter E. Cladek.

The total attendance at this one hundred and fifty-third annual meeting is as follows: Fellows, 12; Officers, 7; Trustees, 18; Permanent Delegates, 90; Annual Delegates, 31; Associate Delegates, 110; Corresponding Delegates and guests, 192. Total, 442.

Sixty-eight Per Cent. of Wounded to Be Trained.—The Federal Board for Vocational Education has made contracts for training 146,931 of the 213,447 American soldiers wounded in France. Of these 99,887 have been surveyed by vocational advisers and 5,878 already placed in training.

Mortality Statistics for 1917.—The Census Bureau's annual compilation of mortality statistics for the death registration area in continental United States shows 1,068,932 deaths in that area for 1917, representing a rate of 14.2 per 1,000 of population. Of these deaths nearly one-third were due to three causes—heart diseases, pneumonia, and tuberculosis,—and nearly an additional third resulted from the following nine causes: Bright's disease and nephritis, apoplexy, cancer, diarrhea and enteritis, arterial diseases, influenza, diabetes, diphtheria, and bronchitis. The death registration area in 1917 comprised twenty-seven States, the District of Columbia, and forty-three cities in non-registration States, with a total estimated population of 75,000,000, or about seventy-three per cent. of the estimated population of the United States. Some of the figures follow, the first column giving the number of deaths, the second the death rate in 100,000 population:

	Number	Rate
Heart diseases	115.337	153.2
Pneumonia	112,821	149.8
Tuberculosis (all forms)	110.285	146.4
Bright's disease and nephritis	80,912	107.4
Apoplexy	62,431	82.9
Cancer	61,452	81.6
Diarrhea and enteritis	59,504	79
Arterial diseases	19,055	25.3
Influenza	12,974	17.2
Diabetes	12,750	16.9
Diphtheria	12,453	16.5
Bronchitis	12,311	16.3
Typhoid fever	10.113	13.4
Measles, whooping cough, scarlet fever	21,723	28.8
External causes (accidental, suicidal, homicidal)	81,953	108.8

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THE CLINICAL VALUE OF THE ELECTROCARDIOGRAPH.*

By Joseph Sailer, M. D.,
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Philadelphia, Pa.

The electrocardiograph is an instrument devised by Einthoven in 1903 to measure the electric currents liberated by the muscular activity of the heart. It has been known for more than half a century that the heart muscle in common with all other muscles generates an electric current during its contraction, but no satisfactory method had existed for measuring them. The problem, therefore, was to produce an instrument sufficiently delicate and accurate to be available for clinical use.

The instrument consists essentially of a delicate platinum or gilded quartz wire, usually called the string, suspended between the poles of a powerful electromagnet. The string is one of the most delicate instruments known, its diameter being 0.002 to 0.003 mm., that is 2 or 3, 25000th of an inch. The current from the heart passes through the string and causes it to deviate from side to side. The string is placed in the field of a microscope and its magnified shadow thrown through a narrow slit upon a photographic film. The shadow therefore moves from side to side, but as it is customary to hold the shadow lines horizontally we speak of the deviations as being up or down. If the shadow deviates to the right, as one faces the plate, it causes an upward deflection, and if to the left a downward deflection. The instrument is so constructed that the upward deflection represents a current negative at the upper end of the string and positive at the lower end. The current passes through the body from one limb to another and then by means of pads and wires through the galvanometer. There are methods of neutralizing the skin resistance, of changing from one limb to another and of altering the resistence, but these have all to do with the technical handling of the instrument and only influence the reading of the curves when they have been improperly used.

Briefly the contraction of the heart originates in a group of interlacing, pale, slender muscular fibres at the junction of the vena cava and the right auricle. The Kieth Flack or sino-auricular node originates the impulses which pass along a group of similar, but somewhat thicker fibres, the fibres of Purkinje, to the interauricular septum, where there is another interlacement, the node of Towara. Then a band passes downward toward the ventricles, the bundle of His, bifurcates and the two bundles are distributed, first to the papillary muscles and ultimately to the muscles of the ventricles. These fibres apparently can induce contraction, can conduct the contraction impulse, and themselves contract. They represent therefore a less differentiated and more primitive type of tissue. Whether the primary impulse comes from the muscle tissue itself or from the ganglion cells placed around it, is still a subject for dispute and need only be mentioned, for it does not bear at present upon the clinical significance of the electrocardiogram.

According to the leads, as they are called, that is direction of the currents through the body, the picture produced by the deviation of the string varies. These leads may be various, but for convenience of comparison three have been adopted as standards, numbered I., II. and III. Lead I. is from the right to the left arm. Lead II. is from the right arm to the left leg. Lead III. is from the left arm to the left leg..

*Read at the Annual Meeting of The Medical Society of New Jersey, Spring Lake, June 24, 1919.

The electrocardiogram shows deviations of the string when the auricle and when the ventricle contract, named the auricular and the ventricular complexes. These complexes are fairly constant in normal hearts with some variations, that apparently do not denote abnormalities, and show certain very characteristic deviations in abnormal hearts, that indicate the nature, and to some extent, the degree of abnormality.

The normal picture of Lead I. consists of a thick line produced by the fine vibrations of the string not transmitting a current. When the auricle contracts, as a result of the impulse of the pacemaker in the sino-auricular node, there is a slow deviation upward. The breadth of the base and the thickness of the line indicates how slow it is. It is known arbitrarily as the P wave. It is always upward in the normal heart. .12 to .18 seconds later there is a very sharp, slight deflection downward, often practically imperceptible, known as the Q wave, the beginning of the ventricular systole, followed immediately by a high, sharp upward deflection, the R wave; the down stroke usually descends below the line and forms the S wave. There is then a pause and a slow, thick point above the line appears, the T wave indicating the end of the ventricular systole, possibly the contraction of the aortic and pulmonary rings.

In the second lead the S wave is usually more pronounced, giving rise to a zigzag ventricular complex, not unlike the conventional representation of a flash of lightning. The P and T waves are the same. In the third lead the appearance is similar to the first, that is a high R and small S, but the T may be inverted without apparent clinical significance. There is much else to study, the P, R, interval, the breadth of R, the character of P, the height of R and the depth of S, the rhythm or its lack. I shall endeavor to indicate what some of these things mean in the descriptions that follow. There are two interesting questions that the electrocardiograph presents: 1st, what is its value in diagnosis; 2nd, what help does it give in explaining the nature of cardiac disorders?

I believe that in diagnosis the greatest value of the electrocardiograph is its ability to determine which side of the heart is doing the most work. We call this preponderance, right or left. The reaction is, as a rule, extremely delicate. It is more pronounced after effort or even in the standing position, but usually neither is necessary. It is shown by an alteration in the R and S waves. If R is small and S large in the first lead and R large and S small or absent in the third lead, it is assumed that the right side of the heart is over acting. If R is large and S small or absent in the first lead and R small and S large in the third lead, it is assumed that the left heart is over acting. The height of R and the depth of S bear some relation to the degree of preponderance.

In a general way right preponderance means mitral disease, left preponderance aortic disease, right preponderance is therefore more common in the young and in women, left preponderance from middle age onward and in men. But they mean more than this. In congenital heart disease the preponderance is usually right, although the physical signs may lead to any kind of a diagnosis. Left preponderance may suggest renal as well as cardiac trouble, or that very indefinite condition known as vascular hypertension. It is also found in aneurism and syphilitic aortitis, and indeed is a valuable suggestive sign of syphilis in men. The other conditions in which the electrocardiograph helps are the arrhythmias and the defects in conduction. It is also of some value in watching the course of a case, and helping in prognosis.

Let me briefly discuss the arrhythmias, for nearly all that we know about them is due to the polygraph and the electrocardiograph. They are: 1st—Sinus arrythmia, in which the heart beat slows during inspiration, occurring chiefly in the young, probably neural in origin and of no great clinical importance. It needs no instruments for its recognition.

2nd—Total arrhythmia or auricular fibrillation, called first nodal arrythmia, a condition in which small groups of muscle fibres in the auricles contract independently and although the impulses from the auricles pass to the ventricles, the majority of them are ineffective, and the ventricle beats irregularly and, because of the immense number of impulses, rapidly. It is characterized on the polygraph by the absence of the A wave in the jugular and apex tracing, in the latter the A wave may be absent in normal apex tracings, and in the electrocardiogram by the appearance of numerous small waves in the tracing that have more or less the character of the P wave and are irregularly spaced. In both the ventricular complex, the C in the polygraph and Q, R, S, T in the electrocardiogram is irregularly spaced and gives evidence of irregular force. The condition usually occurs in

mitral disease. That, as has been claimed and was the reason for the digitalis therapy employed in the army hospitals, it is common in pneumonia I do not believe, for I have yet to recognize a case. It means as a rule decompensation, but may exist for years without serious symptoms; indeed without noticeable discomfort. Knowing that it exists it can, as a rule, readily be recognized by the ordinary methods of physical diagnosis. It is one of the conditions in which digitalis is a specific.

Auricular flutter is a condition in which the auricle contracts rapidly, but only alternate or third impulses pass. The ventricular rate therefore is 1/2 or 1/3 that of the auricular. It can only be recognized by instruments, is rare, and, as in fibrillation, digitalis is a specific. Tachycardia, paroxysmal and simple, is described by its name. It is of interest that the former is due to a dislocation of the auricular pacemaker.

In many respects one of the most interesting abnormal conditions of the heart is that known as heart block. The term almost explains itself. There is a delay in conduction of the impulse to contract from the auricles to the ventricles and as this condition takes place through the bundle of His, it is in this particular structure that heart block usually occurs. A blockage may occur in the main bundle and affect both ventricles or be limited to one bundle and then one ventricle will be chiefly affected, but the rate of contraction of that ventricle will be the same as on the other side. The degree of blockage may vary from a slight prolongation of the P, R interval to a total dissociation in which the auricle and ventricle beat entirely independently and at very different rates. In normal hearts apparently the ventricles act to a certain extent as a break upon the auricular pacemakers, which when left to itself beats at about 140 per minute. When left to themselves the ventricles are capable of continuing to pulsate at the rate of about 35 per minute, but there is of course much variation in both of these rates.

Consequently in total dissociation one sees either upon the polygraph or the electrocardiograph a curious phenomenon of a great number of A or P waves, while the C wave and ventricular complex come at irregular intervals and without any reference to auricular contractions. The auricular pacemaker maintains its rhythmicity. The ventricular pacemaker is not rhythmic and therefore we find that the larger waves occur at irregular intervals. Moreover the ventricular pacemaker deprived of its normal stimulus shows not only a marked change in its time, but also in its character and we have abnormal ventricular complexes.

This brings up another factor in the study of the electrocardiograph tracings. When the electric impulse from a piece of muscle that has been removed from the body of a frog is studied, it shows a diaphasic phenomenon, that is as the electric current travels along the muscle fibres, there is at first a negative and then a positive wave and as the waves travel from one pole to the other the result on the electrocardiograph is a high wave above the line and then a deep wave below the line. These waves moreover are not always uniform, but we see different forms that have been shown by Lewis to correspond to different points of origin in the ventricular substance and indeed experimentally it has been possible to produce a great variety of these waves which may and probably do correspond with the pathological waves we find in these cases.

Clinically heart block has long been known but not until the advent of the electrocardiograph, in its lesser stages. We know now in addition to the prolongation of the P R interval that there are forms in which not all auricular impulse can travel through the bundle of His and in these cases a certain proportion of ventricular contractions fail to occur. Next in severity to the prolongation of the P R interval there is usually an occasional dropping out of the ventricular beat. Later it may be that every other ventricular response fails to occur and we get a 2-1 rhythm. Then it may be that response occurs only to the 3rd auricular impulse and we get a 3-1 interval. After this dissociation, as a rule, becomes irregular and in a short time as the case progresses a total dissociation occurs. When this happens there is usually decompensation and apparently from time to time there are considerable intervals during which effective ventricular contractions cease and the patient becomes unconscious, giving rise to typical Stokes-Adams syndrome. These periods of unconsciousness may last for several minutes during which time the pulse is imperceptible at the wrist and cardiac contractions cannot be heard with the stethescope. It has not been my fortune to observe any cases with the electrocardiograph during the attack, but with the polygraph it appears that the auricles continue to pulsate, at least the A wave in the jugular

pulse can be obtained. I have seen three cases of complete dissociation. One has been reported with careful autopsy by Drs. Ashton, Norris and Lavenson. The patient died in my ward at the Philadelphia Hospital after I had taken him over from Dr. Ashton's service.

The second case was sent to me by Dr. Wylie of Pottstown. The case was somewhat dramatic. While waiting in my office he suddenly became unconscious and remained so for fifteen mintues, being apparently pulseless and without respirations. At the end of this time there were a few shallow inspiratory efforts followed by some slow deep inspirations and a fluttering radial pulse could be obtained. Fifteen minutes more and he seemed to be restored to his normal condition. The pulse in this case at the wrist was about 27. The same afternoon an electrocardiograph was taken and the patient returned to his home. I saw him some months later after treatment had been instituted and on this occasion, although dissociation was still complete, the ventricular rate had been incresed to about 55 and the patient felt entirely well. Indeed, he spoke of returning to his work. Unfortunately it was impossible to continue the treatment and I heard later that he had returned to his slow rate and in one of his attacks had failed to recover. No autopsy was permitted. Of the treatment employed I shall speak later.

The third case was more interesting from the standpoint of the electrocardiograph. A physician 55 years of age, had a slight accident in a railroad train which caused a fracture of the malar bone. This, I believe, had nothing to do with the subsequent condition. He was admitted to the surgical service at the Presbyterian Hospital, but seemed extremely weak and was transferred to me. The heart action was rather slow and the electrocardiograph showed only a prolonged P R interval. As we watched him this changed to a 2-1 rhythm to an irregular 3-1 rhythm and finally to total dissociation. He had a few mild attacks of Stokes-Adams syndrome and then died rather suddenly. At the autopsy a dense calcareous infiltration of the interventricular septum was found and it was our intention to decalcify and cut sections in order to determine the exact site of the lesion, but owing to the fact that I was called into the army at that time this was not possible.

In neither of the two cases of which I shall show tracings today was there a positive Wassermann.

The treatment of heart block, of course, depends first upon the removal of the cause. After this is removed the prognosis is not necessarily unfavorable. Probably the commonest form is that produced by an over dose of digitialis. This can be recognized by the slow irregular pulse and the history of the treatment. I have observed it many times in the wards of the hospital and there were no less than four cases at Camp Wheeler during the period the digitalis therapy for pneumonia was energetically employed. It is apparently quite harmless. The withdrawal of the digitalis leads to complete restoration of the rhythm and the patient promptly recovers without, as far as I know, any subsequent impairment.

A positive Wassermann indicates, of course, antisyphilitic treatment which in some cases seems to relieve the condition. When, however, there is complete dissociation and, as in the third case, it is due to some irremovable lesion different methods must be sought and the only thing that seems to promise any benefit is some method of increasing the frequency of the ventricular systoles. Apparently the ventricles are quite capable alone of maintaining the circulation, that is to say instead of having a double pump, a single pump is adequate but does not provide the response to an overload that is manifested by a normal heart.

I was fortunate in obtaining for my second case a supply of alphathyroid, a preparation of the thyroid gland that was made at Rochester, Minn. I do not think its exact nature is known nor have I been able to obtain any description of its mode of manufacture. It is not upon the market and it was only due to the courtesy of the physicians at Rochester that I was able to have some for trial. Its effect was quite remarkable. Although there are other substances, such as calcium, that stimulate extra systoles, I know of nothing that was quite as effective as this and during the period that the patient took it he was entirely free of the attacks and indeed of most of his symptoms between the attacks, that is to say the capacity of the heart to respond to effort was very greatly increased. How long he might have lived had the treatment been continued I do not know. Presumably the prognosis was unfavorable from the first, but at least he was given a period of comfort and almost certainly some additional months of life.

Finally let me speak briefly of another

condition of some interest, the so-called extra systoles. These are of two types, auricular and ventricular. Ordinarily they are brought about by a premature discharge of contractile energy, either of auricle or the ventricle. In the former we have the interval between two beats greatly shortened and often afterwards the interval is somewhat increased, but the ventricular complex remains normal. In the latter the same thing may occur, but the ventricular complex shows the diphasic stage and according as we have the characteristics in the first and third leads of the right or left ventricular predominance, we can assume that the right or left ventricle harbors the pacemaker. In the absence of other forms of disease these patients are not in particular danger. I have watched one patient for over twenty years who has had extra systoles all this time. In certain cases that are associated with vagotonia the administration of atropine will abolish them. in a few cases apparently permanently.

Let me say in closing that I have perhaps been in error in giving a summary of this subject and not taking up one feature for more definite study, but it has been my object to endeavor to show in what way the electrocardiograph can be of use in clinical medicine. It must be remembered that older methods of physical diagnosis have not been in any way displaced by this instrument. Indeed, I think, their use and their necessity has been greatly increased and that we have been enabled to understand physical signs much better than we were before we had this aid. It is only one in a group of methods that are useful in the study of cardiac conditions, having its own place, but not supplanting any of the others, nor alone capable of giving us complete information.

Cardiac disease is not more complicated than the disease of any other system in the body, but at the present time there is so much more to be known than that which we now know, that it is to be hoped that not only will the available methods be used to the utmost, but in the future additional methods will be discovered that will enable us to overcome some of the ignorance that now exists.

Question of Income.—Dr. Curem: You will find your dyspepsia greatly alleviated, Mr. Peck, by cheerful and agreeable conversation at your meals.

Mr. Peck: That's good advice, doctor, but my income will not permit me to eat away from home.—Selected.

PLASTIC CONICAL ENUCLEATION OF THE CERVIX; SURGICAL INDICATIONS AND CLINICAL RESULTS IN SEVENTY-FIVE CASES.*

By Francis Ward Langstroth, M. D.,

Formerly Instructor in Gynecology at the Polyclinic Hospital, N. Y. City.

If one could comput the hours of precious time lost, from home and business pursuits, by the women of America, directly from disease of the pelvic organs, the result would be appalling. Statistics show that one out of every eight women die of cancer. Of these cancer of the breast occurs most frequently, that of the uterus second and of the stomach third. (Bloodgood's statistics. John Bland Sutton, F. R. C. S. Eng. in Keen's Surgery Ed. 1910, Vol. O., pa. 808.)[1] Thus there is a dual viewpoint: the economic and the vital.

When the uterus is attacked by cancer, the cervix is by far the most frequent site. This frequency is variously estimated up to 95 per cent. of the primary cases in the cervix. (E. E. Montgomery, Keen's Surg., Ed. 1910, Vol. 5, pa. 460.) John Bland Sutton, F. R. C. S., Keen's Surg., Ed. 1910, Vol 1, pa. 808.) Ziegler says: Of the tumors of the uterine mucous membrane, carcinoma is the commonest and the most important. It usually makes its appearance in the vaginal portion and in the cervix; less frequently in the body of the uterus. (Ziegler: Special Path. Anat. Trans. from 8th Ger. Ed. 1898, pa. 1058.)[1] Of course so little is known of the cause of cancer that one hesitates to offer any explanation of these facts and still one feels that each thought and suggestion however humble may, by centering research and study upon this problem, help to forge another link in the chair, which science will surly weld, to finally bind and control the, as yet unknown, cause of this terrible disease.

It is only by careful correlation of facts that any advance can be made. I believe that there is now no doubt of the certainty of the fact that of uterine cancer, by far the greatest number occur in the cervix. Can we find anything in the recent advances in gynecological bacteriology and pathological histology that would help to explain this noteworthy disproportion in the part of the uterus attacked by cancer? With

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*Read at the 153rd Annual Meeting of the Medical Society of New Jersey, at Spring Lake, N. J., June 24, 1919.

this question in mind let us consider briefly some of the more frequent diseases of the uterus and their most frequent sites.

Prof. Davis, of Philadelphia, seems to have been among the earliest surgeons to have ascribed the cause of endometritis to some infection of bacteria. He says: "It is almost invariable infectious in origin, usually from gonorrheal or septic germs. (E. P. Davis, A Treatise on Obstetrics, 1896. He has not however, as far as I know, yet accepted the view that endometritis, except of the cervical endometrium, is a very rare condition The article on endometritis in Keen's Surgery ed. 1910, still retains to a large extent the classical causes and descriptions of endometritis.

William P. Graves in his latest book on gynecology, recognizes the importance of endocervicitis, although he ignores the part the lymphatics play in carrying the infection to the tubes and ovaries and, while he admits that the endometrium of the body of the uterus is largely immune to infection, he still looks upon it as a bridge that carries the bacteria upward to the tubes.

I believe Sturmdorf was the first in this country, at least, to call attention to the fact that endometritis is almost, if not entirely confined to the cervical mucosa. He quotes Mange to the effect that in the adult female the latter estimates that 95 per cent. of the chronic gonorrheal infections are located within the cervix. He plainly states that the endometrium of the body of the uterus is practically immune to infection unless traumatized by the curette or by other means. That catarrhal erosions, etc. of the cervix are only manifestations of the bacterial infection of the cervical endometrium and that the various pathological symptoms are due to these infections and not to any laceration that may be present. (Arnold Sturmdorf, Chronic Endocervicitis, Trans. of the Soc. on Obs. Gyn. and Abd. Surg. of A. M. A., 1917. Tracheloplastic Methods and Results Jour. of Surg. Gyn. Obs., Jan. 1917. Menge, K. Handb. d. Geschlechtskunde, Vienna, 1912.)

Further light has been thrown upon this subject by Curtis. Out of over 100 uteri examined he found only a very small percent in which bacteria could be isolated from the corporeal endometrium and it seems probable that in several of these the bacteria gained entrance through being forced into the uterus from the tubes, as the same bacterial flora were found in the tubes. Also in some of these cases the uterus had been curetted during the operation previous to the hysterectomy or at a former operation performed shortly before. As to the histology of the endometrium, he agrees with Hitchman and Adler, whom Sturmdorf quoting in 1916, as also Kundradt, says, they: Have conclusively proved that nearly all of the histological features generally depicted as "endometritis" present only the normal endometrial transitions of the menstrual cycle. Even that infrequent form clinically labeled "hypertrophic endometeritis," more correctly termed glandular hyperplasia, is never inflammatory in character, but a functional adenomatous overgrowth, analgous to that presented by the thyroid in Graves' disease. (Curtis, A Combined Bacterial and Histological Study of the Endometrium in Health and Disease, Jour. Surg. Gyn. and Obst., Feb. 1918.) Curtis quotes Mange, as did Sturmdorf, in reference to the rarity of finding bacteria in the uterine mucosa. His work is done in a most thorough and satisfying manner, and his deductions seem to coincide with those of Sturmdorf.

So we have before us now two facts of which there seems to be little doubt, the first: That uterine cancer occurs usually in the cervix; and second: That the cervical endometrium is frequently the seat of acute and chronic invasion of various bacteria, while the endometrium of the body of the uterus is rarely if ever the seat of bacterial infection.

Let us now consider in the light of recent research on cancer if these two facts can aid in explaining the frequency of cancer of the cervix, and if this proof does not constitute the first surgical indication for removing completely the infested cervical mucosa by the method I have called Plastic Conical Enucleation of the Servix, probably first described by Sturmdorf.

John Bland Sutton cites the work of Farmer, Moore and Walker in reference to the peculiar nuclear division in the cells of sarcoma and carcinoma. These changes are described in detail and their almost exact simplicity to the nuclear changes in the sexual cells of plants and animals are noted. These same investigators have shown the bird's-eye inclusion or Plimmer's bodies occur normally in cells during the production of sexual elements in the vertebrate. This the investigators believe, justifies them in correlating the appearance of these gametoid neoplasms with the result of a stimulus which has changed the normal somatic course of cell development into that characteristic of reproductive (not embyronic)

tissue. These authors look upon this remarkable transformation as representing the immediate cause of the development of the malignant growth, but the remote cause, the specific irritant, has yet to be found. Is it not possible that this remote cause or specific irritant may be some specific bacteria that is the predominant organism in certain cases of cervical infection, or more likely some irritant product produced during the life cycle of various bacteria that are present in chronic endocervitis; or again the activating cause may be found, as Bristol says, in an union between the tissue cells and the lymphocytes, which are present in the tissues in vastly increased numbers on account of the chronic infectious process. (The Relation of the Lymohocyte to Cancer, Bristol, L. D. The Jour. Amer. Med. Asson., April 12, 1919.) At least it seems more than likely that some actuating cause, resulting from the chronic infection, so acts upon the epithelial cells that they become themselves the cancer cells. Or as Henry Butlin calls them, the "Unicellular Cancri."

The time is past for the gynecologist to treat symptoms only. In gynecology as in every other department of surgery the cause of the pathological condition must be sought out and removed. Undoubtedly the most frequent symptom for which the gynecologist is consulted is an abnormal vaginal discharge or leucorrhoea. A slight incresae in the amount of mucoid secretion from the uterus is normal, just before and after the menstrual cycle and during pregnancy, but any noticeable amount of secretion from the uterus at other times denotes a diseased condition. I might say here that the mucosa of the vagina is composed of pavement or squamous epithelium, is free from glands and any secretion which it has is a transudate and not an exudate. Also the vagina is practically free from infection and resulting inflammation, except as a result of trauma. We know now that even the gonococci confine their activity almost entirely to Skein's glands, the urethra, Bartholin's glands and the cervical endometrium, in so far as the external genital tract is concerned. The important seat of all these infections is the cervical endometrium.

Leucorrhoea in the past has been looked upon too lightly by the gynecologist. Sturmdorf, Curtis and Graves (Sturmdorf, Aronld Chronic Endocervicitis, Trans. of the Sec. on Obst. Gyne. and Abd. Surg. of the Amer. Med. Assn., 1917; Curtis, Surg. Gyn. and Obst., Feb. 1918; Graves, Wm. P., Text Book of Gyne., 1918.) ascribe the cuse of leucorrhoeal discharge to a chronic infection of the endometrium of the cervix.

Curtis at the close of his article says: "Again in the absence of bacteria it may be desired to rid the patient of a persistant discharge. Study of this question makes it appear that mucus secretion from the body of the uterus is in very small amount, and limited mostly to the premenstrual period. In the cervix are the glands prolific in activity, especially adapted to mucus secretion. It is here, in the cervix, up to the level of the internal os, that we will do best to look for infection, and it is against discharge from the cervix that treatment can be efficiently directed." Clinical results are as valuable and at times more reliable than bacteriological and histological findings. It is therefore interesting to note, that an analysis of the case here reported, in which a Plastic Conical Eneucleation of the Cervix was performed, show in almost every instance a complete relief from the persistent and offensive leucorrhoea. This then constitutes another indication for this operation, since it offers the only cure for persistent leucorrhoea, without anatomically damaging the uterus so that its functions are impaired.

Barber and Draper have shown that ascending infections of the kidney are extremely rare, except when the ureter is severely damaged and stripped of its blood and nerve supply. Thus disproving what had long been taught a fact. Renal infections from the bladder travel via the lymphatics—not through the ureter. (Barber, William Howard, Draper, John William. Renal Infection—A Further Experimental Study of its Relation to Impaired Ureteric Function, read before the Sec. on G. U. Diseases at the sixty-fifth annual meeting, A. M. A., Atlantic City, N. J., June 1914.)

So also the time has come when we can no longer believe that pelvic, broad ligament, tubal and ovarian infections, result from so simple a process as an ascending infection from the vagina, up through the cavity of the uterus and out into the pelvis through the fallopian tubes, as we formally believed. It is the more surprising that this explanation of the production of pelvic and tubo-ovarian disease should have so long held sway, when the spread of infections in other parts of the body, through the lymphatics has been recognized. The lymphatics of the uterus were throughly described by Leopold in 1874, also by Piersol in 1896. The latter says: "The lym-

phatics are represented within the uterine mucosa by a wide-meshed net-work of canals within the deeper layers of the tunic, as well as by blind, slightly club-shaped branches and the interfascicular lymph-spaces. Within the muscular tunic lymphatic channels occur among the muscle-bundles, particularly of the middle layer; these unite with the large lymphatics lying within the subserous tissue." (Leopold, G. Die Lymphefass des normelen, nicht schwangeren, Uterus. Arch. f. Gynak., 1874; Piersol, Normal Histology, 1896.) As far back as the 1895 edition of Morris' Anatomy the course of these lymphatics was thoroughly described. Is there any reason to believe that infections of the cervix would spread in a different manner from infections of other parts, which are known to spread almost solely through the lymphatics. The blood stream only becoming invaded when the barrier of the lymphatic glands is broken down.

Thus from the work of Leopold, Kundrat, Sturmdorf, Curtis and the author; (Langstroth, Francis Ward, The Treatment of Infections of the Uterus and Cervix, Med. Rec., N.Y., June 28, 1919), it seems to be abundantly proven that disease of the uterus and its appendages usually results from infection and that the site of the infection is the cervical endometrium. The infecting organisms or their toxins spread from this focus in the cervical endometrium through the lymphatics situated in the musculature of the uterus and so out through the layers of the broad ligament and thus through the communicating lymphatics of the tube, ovary and appendix on the right side and the tube, ovary and pelvic colon on the left side. Secondary araes of infection can occur anywhere along the course of these lymphatics, with their accompanying plastic exudate, round cell infiltration and the formation of contracting fibrous tissue. This ascend lymphagitis explains the various changes in the uterus, tubes and ovaries, which we are so often called upon to relieve by surgical procedures. The tubes and ovaries in the milder cases are only inflamed and congested, as the cervical infection continues or is of a more virulent type, round cell infiltration progresses and the plastic exudate with its resulting fibrous tissue formation bends and distorts the tubes, till finally they are drawn down with the ovary, back of the uterus and held there by firm bands of adhesions. The tunica of the ovary becomes thickened so that the Grafferian follicules do not rupture on time, or when one does rupture it may not readily undergo its normal cycle of closure and thus we can explain the various menstrual disturbances such as amenorrhoea, dysmenorrhoea, metorrhagia, etc., with all the accompanying symptoms referrable to chronic uterine and pelvic disease.

By removing completely the cervical endometrium and relining the cervical canal with a flap from its vaginal surface we entirely eliminate this focus of infection and prevent the various changes which I have just described in the pelvic organs. This then constitutes a most important indication for Plastic Conical Eneucleation of the Cervix.

It has been impossible as yet to fully analyze the seventy-five operative cases upon which this paper is based, but the following facts are conclusively established: Practically every case operated upon by this method has been cured of all leucorrhoea; the menstrual cycle has been re-established upon a normal basis; pelvic masses have been reduced in size or entirely obliterated; backache and pelvic pain have disappeared and the patient's general health improved. Having performed a number of Conical Plastic Eneucleation of the Cervix operations at the State Hospital at Trenton, the author was greatly gratified to receive recently a report from Dr. Cotton, that about 15 of these patients were relieved of all mental symptoms, following this operation and this when previously every other discoverable source of focal infections had been removed.

In closing I wish to state that Conical Eneucleation of the Cervix offer to-day the only means of permanently relieving those unfortunate woman who have acquired an infection of the cervical endometrium.

USE OF LEUCOCYTE EXTRACT FOR THE TREATMENT OF UNDETERMINED INFECTIONS.*

By GEORGE F. LEONARD, M. D.,

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During the past few years there has been a great tendency to treat infectious diseases specifically. This is the only real scientific procedure, and as we are gradually having better facilities for diagnosis, and as we are finding out that certain diseases can be cured by the use of a specific vaccine or

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serum, it is only natural that much experimental work would be done to extend this field of operation. We are no longer satisfied to treat a pneumococcus, a streptococcus, or even a typhoid, but we expect the laboratory to come to our assistance and tell us what type pneumococcus, or meningococcus, or whether we have typhoid or paratyphoid. Knowing the exact type of infection, we can much better determine the treatment to follow. Unfortunately we have as yet no specific treatment for a number of the known infectious diseases, and a number of other infections can not be determined during the life of the individual.

Since the days of Metchnikoff it has been known that the leucocytes play a great part in destroying the organisms in infectious diseases. Where there is a leucocytosis in connection with an infection, it shows that the patient is making a good fight. When there is a leucopenia with a severe infection, we know the leucocytes are not performing their natural function, and the prognosis may be bad. With this knowledge, Hiss sought to assist the function of the leucocytes by injecting the extract of leucocytes from another animal. His idea was that the leucocytes acted not only as phagocytes, but had a toxin-neutralizing power as well. He reasoned that an extract would be absorbed quickly, and that it would relieve and protect the fatigued and overworked leucocytes by neutralizing the toxins, thus in an indirect way materially aid in overcoming the infection.

Leucocyte extract is prepared from the leucocytes of healthy animals. Pleurisy with effusion is produced in animals by injecting a sterile starch meat extract solution into the pleural cavity. This non-infectious mechanical irritation causes an outpouring of normal leucocytes together with plasma, with practically no red blood cells. The sterile exudate is aspirated with aseptic technique and the leucocytes removed by centrifuging, and decanting the plasma. The leucocytes are then extracted with distilled water. The leucocyte extract is tested for sterility and is then ready for use.

Hiss, and later Hiss and Zinsser of the College of Physicians and Surgeons, Columbia University, tested out leucocyte extract on animals experimentally infected with pneumococcus, streptococcus, meningococcus, staphylococcus, typhoid, dysentery and cholera. They found that rabbits inoculated with a virulent staphylococcus aureus infection without treatment would die in from one to three days, while rabbits injected with the same culture and later with small doses of leucocyte extract would survive. The results with these first experiments were so successful that they decided to try similar experiments using other organisms.

Rabbits which were injected with a culture of typhoid baccillus ran a rather typical fever curve and finally died. Those that were treated with leucocyte extract early had a slight rise in temperature following the injection, with an early return to normal, while those that were treated late showed some improvement over the controls.

Rabbits were injected intravenously with a virulent culture of pneumococcus. Five hours later the treated rabbits received leucocyte extract subcutaneously. The untreated rabbits died in 36 hours. Of the treated rabbits 75 per cent. survived, and the one that died lived three days longer than the controls.

A culture of streptococcus pyogenes was passed through a series of rabbits to increase its virulence until one cubic centimeter of the culture would promptly kill the animal. Then rabbits were inoculated with this dose intravenously. Some of the rabbits were treated with leucocyte extract five hours after the infection and some 24 hours after. The untreated animals died promptly in one to three days. Those that were treated 24 hours after infection lived for five days, and of those that were treated five hours after infection, one lived thirteen days and another survived. The experiment showed that leucocyte extract was not only a means of prolonging life, but also had a marked effect on the temperature. Similar good effects were shown on rabbits injected with cultures of the meningococcus.

One point is worthy of note, that the animals receiving the treatment with leucocyte extract appear for a time much sicker than the untreated contols. The explanation of this is probably that leucocyte extract increases bacteriolysis, and endotoxins are liberated more rapidly. The exact method of the action of leucocyte extract is not known, but Hiss and Zinsser draws the following conclusions from their exhaustive experiments:

"The action of the leucocyte extract may be due to the enhancement of the bacteriolytic action of the animal's plasma by the introduction of complement or to the action of digestive substances usually not liberated from the leucocytes; but is most likely chiefly due to poison-neutralizing or

destroying bodies, which act on the endotoxins, i. e., endoantitoxins or antiendotoxins, and thus relieve the leucocytes of the animal from fatal poisoning and protect the higher cells of the animal so that their functions are not deranged.

It does not seem unlikely, then, that extracts of leucocytes (polymorphonuclear and mononuclear), and possibly of the blood-forming organs, furnish us with means of combating infections incited by those microorganisms generally looked upon as giving rise to endotoxin poisonings, and which have steadily refused to yield to the action of immune sera alone."

Zinsser, McCoy and Chapin of the U. S. Public Health Service, while doing work on plague in the Marine Hospital in San Francisco, decided to ascertain what effect leucocyte extract would have on the course of infection with Bacillus pestis. They isolated cultures from ground squirrels and used white rats for the test. These animals are especially susceptible to plague. They summarized the results of their experiments as follows:

"That emulsions of normal leucocytic substances of rabbits exert a distinctly protective influence for white rats when mixed with plague bacilli before inoculation. That similar protection is apparent when the leucocytic substances are administered to white rats at the time of plague inoculation. As to the protective influence when these substances are administered twenty-four hours after inoculation of the rats no definite conclusions can be drawn, but it would seem, from our single experiment that, even in this case, the severity of the plague infection was distinctly reduced."

They add further that the effect of leucocyte extract usually appeared to be curative rather than prophylactic.

The favorable results of the large numbers of animals which had been experimentally infected and treated with leucocyte extract encouraged a number of physicians to try its use in the treatment of diseases in man. Hiss and Zinsser treated seven cases of lobar pneumonia with favorable results. Leucocyte extract seemed to exert a favorable action on the temperature and general condition and to increase the number of leucocytes. Later they report a series of 53 cases of pneumonia treated with leucocyte extract with excellent results. Only 3 out of this number died, showing a mortality of 5.6 per cent. In addition they noted that the circulation and respiration were much improved, that the duration of the disease seemed to be shortened, with early crisis in some instances. The most marked feature of the treatment, however, was the general feeling of well-being of the patients.

Floyd and Lucas treated 41 cases of pneumonia with leucocyte extract in the Boston Hospitals. The disease terminated by crisis on the fourth day in four cases, on the fifth day in six cases, on the sixth day in eight cases, on the seventh day in sixteen cases. Two cases terminated by lysis and five died, giving a mortality of 12.2 per cent. A comparison of 25 treated cases at the Massachusetts General Hospital with 25 untreated cases shows a mortality of more than double in the untreated cases. They noticed a marked effect on the pulse and respiration after treatment. The pulse rate remained low, running between 90 and 100, and labored respiration was to some extent relieved, and the general comfort increased. The patients felt much better a short time after treatment. Complications which are so frequent following pneumonia have been very few, occurring only twice. From their observations they draw the following conclusions:

"In no instance has the extract done any harm to the patient treated. In a number of cases the disease has apparently been shortened and, with but few exceptions, there has been noticeable improvement in the comfort and symptoms of the patient. In the most severe cases recovery was apparently hastened and toxemia notably lessened, showing most strikingly the value of the treatment in these cases. A lower mortality has occurred in the series of cases treated than in a similar series untreated; whether more than a coincidence we cannot say. We feel that where a case of pneumonia is treated early with the extract of leucocytes, and full and frequent doses given where they are required, this agent may prove of considerable therapeutic value."

Leucocyte extract has been used with very favorable results in furunculosis which had resisted surgical and dietetic treatment for several months to five years. Three or four injections of 10 c.c. subcutaneously were sufficient to effect a complete cure in practically all cases treated. Chronic acne and frontal sinus infections were favorably influenced in all cases treated. Localized staphylococcus infections seemed to show marked improvement and frequently were entirely cured by the systematic use of leucocyte extract.

Erysipelas which is recognized as one of the acute infections has been treated with encouraging results with leucocyte extract. Lambert reported 50 cases, and Hiss and Dwyer 148 cases and they state that in practically all the cases the symptoms disappeared within a few hours following the injection of the extract. The headache, nausea and vomiting disappeared, the toxic symptoms were relieved, pus formation was aborted and sequelæ were rare. The average duration of a case of erysipelas with the routine treatment was about 10 to 14 days. In the cases treated with the extract it was 3.1 days after treatment was begun. They state that if treatment is instituted within the first forty-eight hours the disease will be aborted.

Dwyer reports the use of leucocyte extract in more than 400 cases and concludes that it finds its greatest field of usefulness in acute constitutional infections, such as septicemia, pyemia and sapremia. He advices if one has a case of septicemia, such as follows sinus thrombosis and surgical measures have been exhausted, not to wait until the patient is moribund, but at once to start the use of the extract and thus give the patient the best chance. Most of his cases were very far gone, yet he obtained remarkable results.

It is seen that leucocyte extract has shown marked protective and curative qualities in animals, rabbits, guinea-pigs and rats when experimentally infected with virulent cultures. It has been proved rather conclusively that the extract has a bactericidal effect both in vitrio and vivo when in contact with living virulent organisms. From previous experiments and from recent tests on rabbits, it seems rather conclusive that rabbits treated with leucocyte extract have a rather marked leucocytosis 30 minutes after injection, this gradually increases for two or three hours until it reaches it maximum. The leucocyte count remains above normal for more than 24 hours.

In an infectious disease the first thing to determine is the causative organism. In many instances it is also necessary to know the type of organism as well. A rational treatment may be dependent on this point. For instance, if a patient has pneumonia, you not only want to know whether it is due to a pneumococcus or a streptococcus, but also whether it is type one, two, or three pneumococcus or a hemolytic streptococcus. It is now generally recognized that type one pneumonia can be greatly benefited by a specific type one anti-pneumococcic serum, while the serum treatment for type two, three and four has not proved successful. Meningitis may be caused by the meningococcus, streptococcus, staphylococcus or Bacillis tuberculosis. An examination of the spinal fluid will often reveal the causative organism. If the meningitis is secondary to a general bacteremia, the organisms may be isolated from the blood. If it is found that the meningitis is due to the meningococcus, a specific anti-meningitis serum is indicated immediately. If the infection is due to a staphylococcus or to the tubercle bacillus no serum treatment is available.

Where an infection has been determined and a specific serum is available no other form of treatment should be substituted. Frequently we have a determination of the infection and have no specific serum. Still more frequently we have a toxic condition but we are not able to determine the infective organism until after the death of the patient. I wish especially to call your attention to the use of leucocyte extract in the treatment of these two classes of cases.

Leucocyte extract will frequently give the overworked leucocytes of the patient the stimulation or protection necessary to destroy the infective organism. This has been shown both in animals and in man. In the type two, three or four pneumonia it gives the patient a much more comfortable feeling. The breathing is less labored, the circulatory system is improved, the course of the disease is usually shortened, and the chances of recovery much improved. Deep-seated infections such as pyemia, or septicemia from some inaccessible focus were formerly looked upon as rather hopeless. It has been found that many of these cases can be benefited by leucocyte extract, if the treatment is not too long delayed.

It is not claimed that leucocyte extract is a specific for any disease, neither is it claimed that it is a cure-all for everything, but from all the clinical evidence available certain conclusions can be deduced:

1. Leucocyte extract is harmless.
2. That in localized infections superficial and deep, its use has proved beneficial. Many cases have been cured and others improved.
3. In pneumonia, other than type one, it improves the general condition, makes the patient more comfortable, probably shortens the course of the disease and decreases the mortality.
4. In any undetermined infections it is the sole biological product indicated.

In infections attended with a leucopenia, such as is found in measles and influenza, the administration of leucocyte extract results in an increase in the number of leucocytes and is therefore indicated.

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CESAREAN SECTION FROM A CONSERVATIVE STANDPOINT.*

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Delivery of the foetus by the abdominal route is probably one of the oldest if not the oldest operative procedure of which we have any knowledge. The myths and folklore of European nations make mention of it, reference is made to it in the Talmud and very likely the ancient Egyptians practiced it. The Lex Regia of Numa Pompilius, 715 B. C. made it mandatory to remove the foetus from the abdomen of the deceased, before burial.

The term Cesarean section is etymologically derived from the Latin verb "cedere." meaning to cut. The generally accepted lay belief that it has special reference to Julius Caesar and that he was the first to be de delivered in this manner is entirely fallacious. In the times of Caesar the operation was only performed on the dead and undoubted evidence is furnished that his mother was alive during his conquest of Gaul by his letters, which had been preserved.

Cesarean section on the living is of comparatively recent date. In 1500 J. Nuffer, a swinegelder of Switzerland, effectually delivered his own wife in this manner, after unsuccessful attempts at delivery had been made by a dozen midwives and a number of barbers. In 1581 F. Rousset published 15 Cesareans, some of them done, it is thought, for extra-uterine pregnancies; his monograph established Cesarean section as a legitimate procedure in those hopeless cases, where the patients would surely die without it.

The operation performed in Rousset's times differed materially from what we know as the classical Cesarean section. Sutures were not put into the uterine wound, the contraction and retraction of the uterus were depended upon to check the hæmorrhage. The mortality was frightful; the patients died from flooding, infection and often the lochia escaped into the peritoneal cavity and produced a peritonitis. In 1769 Lebas put three stitches into the uterine wound and left the ends long for subsequent removel. His innovation proved of much benefit. In 1877 Porro of Pavia advised and practiced supravaginal amputation of the uterus to avoid infection. Porro's operation gained many adherents until Sanger in 1882 recommended complete suturing of the uterine wound. Sanger's operation with slight modification is the one generally practiced by the obstetricians of to-day. The technique consists essentially of a median abdominal incision, median uterine incision, use of rubber ligature around the cervix to control excessive hæmorrhage, interrupted sero-muscular sutures avoiding the decidua from 8 to 10, and 20 to 25 sero-serous Lembert sutures and the most rigid asepsis and antisepsis.

The indications for Cesarean section may be divided into the absolute and relative. An absolute indication exists where the diameters of the true pelvis are so small that in spite of multilating operations on the foetus, delivery is impossible with any degree of safety to the mother. The true conjugate is the best guide for an absolute indication. If we have this diameter 6 to 6½ centimeters, that is two and two-fifths or two and three-fifths inches, we have such an indication. Prof. Williams places the limit to seven and one-half centimeters or

*Read before the Newark Physicians' Association, May 29, 1919.

three inches. It is well to bear in mind that disproportion of the pelvis depends not only on the passage, but also the passenger. Even if the true conjugate be normal we may still have conditions which will make the abdominal route the only means of delivery. For example: a mammoth child, certain monstrosities, exostoses reducing the diameters of the pelvis, prolapsing irreducible tumors, carcinoma of the cervix, cicatricial stenosis of the cervix or vagina.

A relative indication exists in those cases of moderately contracted pelves, where in the judgment of the attendant this operation is more conducive to the safety of the mother or the baby or both; necessarily it depends to the greatest extent upon the personal equation, acumen and experience of the particular obstetrician. Indeed the relative indication offers the widest latitude. Reynolds and Newell of Boston maintain that an elective Cesarean section is more conservative than a prolonged labor, even if spontaneous delivery takes place. We can hardly subscribe to this belief as a universal maxim. Yet in certain women with highly sensitive nervous organisms, those whom we may consider the ultra products of modern civilization, the shock of a prolonged or instrumental delivery, does often leave in its wake permanent impairment of function. But in such cases it seems to me that either scopolamine-morphine analgesia or nitrous oxide-oxygen semi-anæsthesia is particularly indicated, rather than a Cesarean.

The diagnosis of "moderate contraction" established, we are at once confronted with the difficulties of its proper management. Let us assume we have a flattened pelvis with a conjugate vera of seven and a half centimeters; shall we at once at the advent of labor resort to the abdominal route? Shall we first subject the parturient to the test of labor? Shall we, if we see the case in the middle period of gestation prepare for the induction of premature labor? Will high forceps in the Walcher position be feasible? Is prophylactic version indicated? Pubiotomy or symphysiotomy? Craniotomy? These and a host of other questions demand careful consideration in each individual case; they will tax the judgment of the most expert and the deductions of even a man of such calibre will at time be unconfirmed by eventualities because all the factors entering into the complex problem are not determinate with anything approaching mathematical exactitude.

We can gage with workable accuracy the internal diameters of the pelvis, with the aid of external and internal pelvimetry we can determine the length of the child and probable weight; from the ascertainable occipito-frontal diameter we can deduce the bi-parietal and the sub-occipito-bregmatic; with the musculature of the patient in good tone and the aid of minute doses of pituitrin, we can predicate effective labor pains; furthermore Mueller's maneuvre and a careful mensuration of the distance between the largest section of the head and the ischial spines will enable us to determine the degree of non-engagement of the head. The sum of these findings before us, it resolves itself into a comparatively simple problem to ascertain the relative amount of disproportion between the head and the pelvis.

If the foetal head were an ivory ball we could at once determine the course to pursue; but it is composed of compressible bones, separated by sutures and fontanels; its contents are of a yielding consistency; therefore the head is capable of a certain degree of moldability. How much molding will the particular head undergo? This is a question which must be met with the sophistry of a Delphic oracle; the answer must at times be circumspect and hedged about with "ifs" and "buts." In an appreciable proportion of cases we may obtain certain informative indications to guide us in determining the maximum degree of moldability we may expect in the particular case. Two fingers introduced above the brim, with counter-pressure from above will enable us to recognize the amount of ossification or non-ossification; any gross malformation is appreciable, and the flexibility of the bones can be determined by direct pressure. Further, the width of the sutures and the size of the fontanels will also help us in judging of the compressibility of the head. But ordinary findings will still leave us in the realm of conjecture. Little wonder then that we at times meet with great surprises in dealing with this class of cases.

Indeed, instances might be cited where recognized authorities have made all preparations for a Cesarean, after a seemingly hopeless wait for a vaginal delivery, when in the nick of time the operation became unnecessary by a caprice of nature, as it were; one or two extraordinarily effectual pains had produced so marked a molding that the head slipped past the jutting promontory, became fully engaged and the outlet being adequate the child was deliv-

ered in short order. This rare but always humiliating experience should merely indicate to us the fallibility of human judgment but it should offer no reason for the condemnation of what some of our colleagues are pleased to regard as the superfineries of obstetrics. It is well to remember that human striving after the seemingly unattainable is the most dominant factor in progress and civilization.

A safe and sane rule to guide us, where the disproportion is slight, particularly in primiparæ, is to give nature all the opportunities consistent with the integrity of the uterus; the height and tenseness of the contraction ring should be our guide. Whether to perform a Cesarean after the test of labor has proven ineffectual will depend on the condition of the parturient, the vigor of the foetal heart sounds, the absence of infection and to a great extent upon the wishes of the patient and her close relatives, after the risks have been clearly laid before them. But even under favorable conditions a Cesarean is fraught with many dangers if performed after the patient has been subjected to the exhaustive test of labor; pubiotomy is a preferable procedure.

In the management of placenta praevia Cesarean section has been slowly, but unmistakably gaining in popularity. Tait was the first to perform section for this condition, Dudley in 1900 commended it, then Kroenig and others became enthusiastic followers. Some obstetricians to-day rely almost exclusively upon the abdominal route in the treatment of their cases of placentæ præviæ. We can hardly subscribe to such teachings; it is contrary to the logical sequence we are accustomed to follow in all conditions and exigencies of practice, where we first use the less drastic measure before the more drastic. Section appeals to many, particularly those with hospital connection because of the ease of its performance and because it quickly frees the attendant from the anxieties and prolonged bed-side watchfulness, which a placenta prævia necessarily demands, if treated by other and slower methods. But, to repeat a well-worn platitude too often shelved, the patient is the paramount issue and not our individual convenience. It is well to ask ourselves have we the moral right to subject the patient to the risks of a section, to weaken the uterus with a more or less imperfect scar, which in subsequent labors will probably demand the repetition of the operation and to bring upon our patient the stigma of abnormality, with which a Cesarean is usually associated in the lay mind? Certainly not, if other measures are equally as efficacious.

Personally, I have never performed a Cesarean for placenta prævia; not that I do not concede that combinations of circumstances may co-exist which will justify and even imperatively demand this operation, but so far in my hospital and private practice I have never been confronted with a case, where I felt satisfied that these peculiar circumstances were present. For marginal cases, rupturing the membranes has proven very satisfactory. (Novak, in his review collected 163 cases treated in this manner, with no maternal mortality.)[1] In partial placentæ præviæ, this procedure aided by a large sized Voorhees bag has checked hemorrhage effectually, hastened dilatation and expedited delivery. In other cases where dilatation is sufficient a Braxton Hicks bipolar, with moderate traction upon the leg to cause the buttocks to press firmly upon the placenta has proven an effective tampon. With the head low and dilatation complete forceps delivery has answered all indications.

The only indication for Cesarean section should be limited to placenta prævia centralis, in primiparæ, untouched by suspicious hands, where the cervical body is intact, rigid and elongated, with the child vigorous and at or near full term; with the same conditions and the woman in the seventh to the eighth month of gestation, a vaginal Cesarean is justifiable. The resort to section as a child-saving procedure can but rarely be the determining factor, for more than two-thirds of these children are premature and their vitality has been lowered by the preceding hemorrhage. It may be of interest to note that Williams gives Cesarean in this condition a very qualified approval and only in central implantations; Edgar in his latest treatise says, "It is safe to say placenta prævia will rarely demand a Cesarean,." De Lee in 49 Cesareans performed it for placenta previa four times whilst Cragin in 122 Cesareans, performed in the last fifteen years, did not resort to this operation even one time for placenta prævia.

Eclampsia offers more frequent justification for resorting to section than does placenta previa. In this condition the rapid evacuation of the uterus is generally accepted as the prime requisite and this can as a rule be easily accomplished, if the patient be a multiparæ vaginally. But unfortunately eclampsia occurs three times

more frequently in primiparæ than in multiparæ, we are therefore often confronted by an unyielding cervix an effective barrier to vaginal delivery. Again a steadily growing minority headed by Leibenstein maintain that it is not the evacuation of the uterus in itself which brings relief to the eclamptic but the incidental loss of blood, and that venesection will produce results equally as happy. In his 400 cases he reports a mortality of 18.5%; included in these cases were 70 post-partum eclamptics, in which the mortality was 27% or 6.5% higher than in his ante-partums. Why?" he cogently asks, "should these post-partum cases show a higher mortality, if early delivery is so beneficial?" Furthermore, Strogonoff has also had 400 cases in which he obtained a mortality of 6.6%; he administers large doses of morphine and chloral immediately after the first convulsion and repeats these drugs sufficiently often to keep the patient thoroughly narcotized. He does not deliver till the cervix is fully dilated. Strogonoff's results are quite unique; with the exception of Roth, who has reported favorable results with this method in a small number of cases, obstetricians in general have not taken up this method of treatment till very recently; statistics are, however, slowly accumulating and conservatism is gaining a surer and stronger foothold in the treatment of this dreaded complication.

Some obstetricians, Bandler in particular, recommend Cesarean section in prolapse of the cord. That in very rare cases this procedure may be necessary I will admit, but I would urge that the following conditions must be fulfilled: 1st, conscientious efforts at reposition, including the Trendelenberg position must be made; 2nd, the fetal heart sounds must be strong and regular; 3rd, the fetus must be full-term; 4th, the parturient must not be exhausted by prolonged labor, and 5th, all examinations should have been conducted with strict asepsis.

In conclusion I desire to make an earnest plea for conservatism in obstetrics and for better and more judicious ante-partum care for the expectant parturient. A few years ago Prof. Williams of the Johns Hopkins came out with a bitter arraignment of the medical teachers and the profession at large, pointing out our obstetric unpreparedness; his virile article has had a good moral effect and the shortcomings which he railed against are gradually being eliminated. Yet it seems to me there is much room for improvement. Pelvimetry, internal and external, is still not practiced as generally and efficiently as it should be; some physicians still regard it as a woeful waste of time only fit to be performed in hospitals for the delectation of the internes. This surely is a wrong attitude to assume. True, that normal conditions generally prevail; nine cases out of ten will undoubtedly go to term and be successfully delivered without any special ante-partum examinations but the timely discovery of a threatened eclampsia or a contracted pelvis in the tenth case will more than compensate us in the keen satisfaction of a duty well done.

PRODUCTION AND CONSERVATION OF MOTHERS' MILK.*

By Eugene W. Murray, M. D.,
Newark, N. J.

Milk being the principal food of early life, it seems fitting that we should discuss at this time the production and conservation of mothers' milk, not alone for economy's sake, but that the young infant should have the best food possible so that his growth will be regular and his start in life will not be interfered with.

I would begin, if it were possible, before the mother is born, that is to say, there is no doubt that he ability to nurse an infant successfully is to a large extent a matter of inheritance. There are mothers, though able, who, for one reason or another, refuse to nurse their offspring; thus developing an acquired characteristic which can be transmitted, resulting in an inability in the mothers of the younger generations to perform the maternal function of nursing. I would insist that every young woman before being permitted to marry should have an examination of her mammary glands to determine whether there was any deformity, which should be corrected as far as possible, and if they were of a size and form which would make it possible for her to nurse her offspring. I would have her taught the principles and importance of maternal nursing. I have observed that mothers whose girlhood was spent in the country are usually good milk producers because they have strong, sound bodies; that they have not been subjected to the conditions which tend to the production of nervous disorders. It is the neurotic mother who is liable to produce the poorest milk,

*Read before the Orange Mountain Medical Society.

if any at all, and after her child is born it is too late to make attempts to obviate the difficulty. It is common knowledge that brunettes produce richer milk than blonds. There are some mothers who are unable to nurse their offspring, but the vast majority of bottle babies are so because the mother is unwilling. This is to a large extent due to the physicians in attendance at the time of the confinement.

I doubt whether there is a physician here to-night, having had experience in feeding infants, who has not repeatedly had cases where early weaning was advised by the accoucheur, without as far as can be ascertained, good and sufficient reason. What I mean by good and sufficient reason is mothers' milk contains some substance such as bile, bacteria, pus or some disease germs which would make the baby sick or the mother being physically unfit by reason of disease.

If medical men in general realized the enormous advantage which the breast-fed baby has over the bottle-fed baby and would untiringly preach maternal nursing to their patients, it would not be many years before there would be a largely increased number of mothers nursing their babies.

Again, I find fault with the physician, when the milk secretion is not well established by the classical third day or seems to disagree with the infant, instead of weaning the baby at once, it is our duty to have the Mother's milk examined and to encourage the mother, remembering that it takes two weeks before the colostrum has entirely disappeared and fully developed equilibrium is established, that the breast is so constructed that the more it is used, the more it secretes; that the long interval between feedings tends to lessen the supply; that the breast should be emptied at each feeding, if the infant is weak or becomes satisfied before the breast is emptied, it should be pumped until the needs of the child grow greater. Also, that the nursing mother should be protected from sudden shocks or mental anxiety, as many of you have seen the secretion of milk stop suddenly many times for these reasons. Where the supply is not sufficient, an attempt at supplemental feeding, not substitute feeding, should be made or this may sometimes be avoided by giving both breasts at each feeding and the stimulation of this procedure may increase the milk supply. If not, weigh the baby before and after emptying one breast to determine the amount the baby takes and then give a bottle of artificial food as a supplement to what it has received of the natural supply. Something present in the breast milk seems to make the digestion of artificial food easier for the child.

There is no more sure method of causing cessation of the supply of mothers' milk than to give one or two bottle feedings daily so that the mother can attend to some social function. This should never be advised, but should it be imperative that the mother skip a nursing she should pump the breasts and leave it for the baby to be fed from the bottle.

The long interval between feedings which so many physicians are advocating to-day seems to me to be causing the cessation of the milk secretion, in many nursing mothers, and when we remember that the normal breast-fed infant's stomach is emptied in from one and one-half to two hours it seems quite logical that the shorter interval between feedings, in early life, is a wise provision of nature. However no hard and fast rule can be fixed for the interval of feeding. As the amount taken by infants of the same age or even the same infant at different nursings varies greatly, and the total quantity taken in 24 hours should be our guide. But the longer the interval the less the stimulation of the breast and the greater the danger of diminishing the milk supply. And in case the breast is not emptied it should be pumped, as insufficient emptying of the breast also tends to lessen the supply.

The quality and quantity of mothers' milk may be changed by diet, by exercise, and by rest.

The occurrence of menstruation is commonly believed by the laity to be harmful to the milk, and to make weaning advisable, but as a matter of fact there is practically no variation from the normal other than a slight diminution in the amount produced.

The mothers' milk belongs to her baby and is infinitely better than any other kind of food, therefore, let every physician advise the prospective mother of the many little things she can do to assist nature in the production of healthy offspring and the retention of her own health.

Cancer of the cervix uteri is essentially very malignant and only when it is recognized early can the hope of cure be held out, even if submitted, as it should be, to radical hysterectomy.

Cancer of the body of the uterus, not extending beyond the viscus, is one of the least malignant forms of carcinoma and a permanent cure after simple hysterectomy may be anticipated.—Amer. Jour. Surgery.

THE INFLUENZA-PNEUMONIA EPIDEMIC.*

OBSERVATIONS AT THE AUTOPSY TABLE OF GENERAL HOSPITAL NO. 5, DURING THE RECENT EPIDEMIC.

By Edward H. Willan, M. D.,
Arlington, N. J.

I was intending to keep away from this subject at this meeting and talk to you on another subject. But upon suggestion of one of the members, I will recount my observations. I do this with an apology, not being a trained pathologist in histo-pathological work. But perhaps my description, being in the commonplace terms of a clinical observer, will be the more clear to you, a group of clinicians.

The epidemic began at General Hospital No. 5, Oswego, N. Y., about the middle of September, lasting through the first of December. During the height of the epidemic we were handling just over 1,300 cases within the Post and helping to handle the sick of Oswego City which had gotten far beyond the local physicians' control. I do not need to recount the mental depression which hung over the Post during this time for that was probably prevalent here and everywhere. But as the days rolled by each claiming two, three or four of our number, sparing neither men, female nurses, nor officers' wives, the mental tension was terrific. It was a common occurrence for me to be in conversation with a man in his usual health and in less than five or six days, meet him on the autopsy table.

As has been noted in many accounts, it was most often the heavy, strong fellows that came to us rather than the weak and frailly built. The causes of this I do not know, but my observation was that the lungs in these cases were heavy and solid with inflammatory process. Could it be that the causative irritant in the lungs in these robust, strong, healthy individuals caused such a marked inflammatory reaction of serum and cells that the lungs became solid and the men died? It looked that way. Invariably in these cases three and one-half to four lobes were completely solidified. It occurred to me that perhaps nature's reaction in the frail individual was not so marked and thus did not cause death by this fatal filling up process.

I have no accurate data of these cases to show percentages of mortality. We autopsied all the cases that succumbed, about 72 in all. This fact I know—all the cases that came to us diagnosed as influenza showed marked pneumonic processes. I would greatly hesitate to sign a death certificate "influenza uncomplicated." Also we found that 50 per cent. of the influenza cases developing pneumonia, died.

First I will endeavor to give a description of the lesions of the respiratory tract. These cases died for the most part in the early stages, usually from the fifth to the tenth day of disease. The lungs as they were stripped out, were an astonishment to the observer. They were far from the pink to gray, soft, light delicate tissue, characteristic of lung-tissue which is as elastic and expansive as a child's rubber balloon. Instead we found great, heavy and gorged, massive organs, dark red and purple, externally resembling the "feel" of liver or even placenta and being four, five or six times their original weight—about as much different from the original lung as a balloon filled with black South Jersey mud, is like the child's airfilled toy. As one would exert pressure over the external surface he could feel many hard nodules. As to the type of pneumonia, is was not entirely lobular nor was it lobar. Neither of these terms in their true sense give the pathology of this disease. The lung tissue was intensely congested and the air sacs were filled with a serous fluid containing innumerable red cells. This process has been called by some "hemmorhagic pneumonitis." This inflammation was present in all stages and more or less in all lobes, although it is true, that the lower lobes seemed to be the most extensively involved. Whether this was due to posture, that is hypostatic condition, I do not know. If it were not that in a small number of cases the upper lobes had also large similar involvement, one would come to this conclusion.

There was also present in all of our cases distinct areas of consolidation. These varied considerably in size, from the size of a bean to that of a walnut. The color was most anything from dirty white, through gray, brown and red-brown to purple. These colors were not enmassed, but the lung gave a mottled appearance of these colors. The cut surface was moist with purulent discharge. The consolidated areas were usually very numerous and tended toward confluency. Thus entire lobes would be involved with exception perhaps of small areas the size of a quarter, or down one

*Read before the Stumpf Memorial Hospital Staff Kearney, N. J., June 9, 1919.

edge of the lobe—hence the many accounts of these as lobar pneumonia. In no case did I see typical red or gray hepatization classic of that type of pneumonia. In most of our cases it was amazing to think that one could live with such a little air space. In more than half of our cases three-fifths of the lung tissue was solid. It is no wonder that these men are cyanotic as they die slowly from oxygen starvation and toxaemia!

Upon analysis of the exudate in the lung it was found to be strangely lacking in polyneuclear elements. The disease throughout was characterized by leucopenia, the average white count being between 4,500 and 8,000. This is strangely different from ordinary pneumonia counts and rather confusing. I made a count about a week ago and upon finding a leucocytosis of 19,000 with 91 per cent. polyneuclears, was sceptical as regarding the case as one if pneumonia, although it turned out to be such.

The other organs of the body seemed to suffer very little in comparison with the lungs. The trachea and bronchi were hyperemic and often bathed with a pink, frothy fluid. The pleuræ were usually congested and showed fibrinous exudate in some cases, and in many had extensive adhesions to the chest wall and diaphragm. Pleural effusion was usually present in greater or lesser amounts and was dirty brown in color. We had two cases of empyema, one came to autopsy undiagnosed. Much to the chagrin of the ward officer who was present at the necropsy a quart or more of pus rolled out from the pleural cavity. The same officer discovered one on the ward two days later and after aspiration obtained a large amount of pus. The patient died in spite of this measure. The hearts were, in about two-thirds of the cases, somewhat dilated and chicken fat clots, supposed to be a part of slow death were present in almost every case. We had no cases of endocarditis. Although in the ward there was one case of influenza followed by pneumonia which developed an endocarditis and later a severe acute arthritis. He recovered.

The spleen was often slightly enlarged. The liver in some cases showed congestion. In one case we found present in the kidneys an acute and intense parenchymatous nephritis. In others there were various degrees of congestion and cloudy swelling. We had one case showing only one kidney which was about twice the size of a normal kidney and only slightly congested. The brain and cord were not opened except in one case of pneumococcic meningitis. This man had had influenza and was recovering from subsequent pneumonia when acute meningeal symptoms developed. After twelve hours anti-pneumococcic serum was administered into the spinal canal. He died twelve hours later. The meninges were a sight of massive distension and engorgement of the blood vessels and were bathed in purulent effusion which demonstrated pneumococci bacteriologically. In another case there was a peculiar rupture of the rectus abdominalis muscle. The fibers for a distance of four or five inches were dark and gangrenous and there were distinct areas of rupture.

I have nothing to say as to the bacteriology of the disease. The Pfeiffer bacillus was prevalent in sputa and pulmonary tissue but it has never been officially reported as being obtained in blood culture. The pneumococcus and the streptococcus were obtained from sputa, lung tissue and the blood. There is more to be disclosed in the future as to the etiology of this disease.

In summary, I would simply say that this disease attacks principally the respiratory tract. The lesions are not typical of the old classic types of pneumonia but are better described by a complete and actual filling up of the lobes of the lung with hemorrhagic inflammation, which has been called "hemorrhagic-pneumonitis," plus, confluent broncho-pneumonia, until the patient succumbs to oxygen starvation and toxæmia.

SECONDARY DISABILITIES FROM WAR WOUNDS.*

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War wounds are engaging a large part of the attention of the whole world today; but this is not different from similar times in other wars. If we look for anything new in this war it will be found arising from the spirit of the age, Preventive Medicine, which, as applied to surgery, means diminishing the frequency and severity of resulting disabilities, besides reducing the mortality from wounds. We are persuaded that now many a life can be saved, or crip-

*Read, by request, at the meeting of the Staff of U. S. A. General Hospital No. 6, Fort McPherson, Ga., July 24, 1919.

pled spared, by thoughtful foresight that in an earlier age would have suffered more.

The disabilities arising from wounds may be grouped, according to their origin, as—

(a) *Primary*, due to damage at the wound; e. g., Flail shoulder from destruction of the joint structures by shrapnel. Total paralysis below the thigh from bullet severing the sciatic nerve.

Or, (b) *Complicating*, due to damage resulting afterward during the wound's progress: e. g., Wrist-drop from bone callus constricting the musculo-spiral nerve. Aneurism of Axillary or Femoral artery from sloughing, partial and arrested before complete rupture. All scar-bindings, of muscle, nerve or joint, belong here.

But there are other disabilities we meet with, which are neither a part of the initial injury nor a complication of it. They may be severe, even permanent, though they are avoidable. We may call them—

(c) *Secondary*, e. g., (1) Stiffness of elbow and hand, with atrophy of their muscles, from too prolonged splinting and traction for fracture of the humerus; (2) rigid, or stiff, knee joint from prolonged splinting for fracture of the femur; (3) drop-foot from long decubitus and habitual neutral position of ankle in partial extension; (4) adducted shoulder from long fixation, without relaxation of deltoid or movement of shoulder joint, for fracture of arm or forearm.

It will be seen frm these examples cited that the structures disabled are not the ones originally injured, nor those caught in complications, but healthy ones damaged by lack of needed exercise; that they arise in a part otherwise not involved, and from either the treatment, as a splint, in (1) and (2) above, or, neglect of their function, as in (3) and (4). For them I have suggested the name *secondary*, chiefly to bring out, by a separate grouping, that they are *preventable*.

In illustration, consider the following cases:

Fore-arm. B. A. received a gun-shot wound of the right arm with a compound fracture of the humerus. His major treatment, of course, was for union of bone and conquering the infection. This was successfully done. After eight months his condition was as follows: Wound healed. Union complete. Allignment good. But, elbow rigid in faulty position. Wrist stiff with small range of motion. Thumb flattened along side of the index finger with scarcely any power of "opponens" position. Metacarpal joints stiff with very limited flexion.

The functions of the fore-arm and hand are easily lost, especially under compression of the blood vessels ,muscles and nerves so thinly covered here (even more vulnerable than the analogous structures of the leg) and fixation in splint with compression and traction, for the sake of the humerus, is very detrimental to them. Hence the value of fixation of the humerus without imprisoning the fore-arm and hand; if, moreover, the elbow be flexed and pronation and supination be maintained, while the wound above is healing, the best condition for every part affected will be attained. The modified Jones splint I have shown you was designed for this purpose. A personal letter from Sir Robert Jones to the writer on leaving England is cherished evidence of his approval. The fore-arm and hand are so important, and so intricate in the complexity of their movements and functions, that their care demands more from us than even the lower extremity.

Knees. J. B. received gun-shot wounds of both thighs with compound comminuted fracture of both femora, upper third. After long treatment in bed and successful healing of wounds, with good union and the two limbs nearly equal in length, he had both knees so stiff as to be nearly rigid, having a range of scarcely 10 (180-170) degrees.

While disabilities, of course, will outlast the healing of injured tissues, a good aim to bear in mind is that they shall be secondary (i. e., in un-wounded parts) as little as possible. This is difficult in the knee, without a successful method to maintain traction above the joint, as calipers in the condyles. Here let it be said that infection of a joint capsule from contiguity of the wound puts the case among the complicating, and not the secondary, disabilities.

Shoulder. A. H. received a gun-shot wound with compound comminuted fracture of the elbow, necessitating immobilization of the arm. On getting free from apparatus after months of patient and successful wound treatment, he revealed such loss of adduction of the shoulder as to necessitate further treatment with abduction splint and physio-therapy till the deltoid recovered and he could show enough to lift the arm from the splint. This he declared he had thought would never be possible. To have discharged him disabled would have been an injustice both to him and his country.

And we cannot fall back on expectant

improvement under his ordinary occupation, for such cases untreated go on indefinitely, using only the range of motion which is most easy. The Seale Hayne Hospital for Functional Treatments at Newton Abbott, England, was to me an inspiration, teaching that the hopelessness of some cases if untreated is entirely removable under wise self-education. Here let the physiotherapist take the hint that his best work on a case is not passive massage but getting the patient to increase his range of motion by his own active effort. In a tour of inspection overseas I saw two men faithfully working for many weeks at a good institution on stationary bicycles in a gymnasium, for knees which needed not that very active work in a limited range of knee motion but wider mobility.

Drop-Foot. J. L. had a septic arthritis of the left knee. He had good care and the liability to drop-foot on that side was not overlooked, for he had an ankle splint. But on getting up after months of illness the other foot was dropped and its flexion so limited as to possibly demand Achilles lengthening.

Regarding the ankle we must remember that its neutral position is not a right angle but in partial extension. Prolonged non-use of flexion, especially in enfeebled patients who do not resist the tendency to foot-drop, perhaps aggravated by the weight of bed-clothes, can produce in healthy tissues an attitudinal deformity.

Conclusion. A broad view of the treatment of wounds is well expressed by Maj. Gen. Sir Robert Jones in his advice, "Think in terms of *function*, not merely of saving life." This suggests early forethought of coming disability. Therapeutics are successful as they regard both anatomy and physiology. Joints and muscles were built for movement. Without it they atrophy. The nervous system was made to actuate them. An unused nerve track may be as useless as one organically destroyed. Complete treatment of wounds includes plans for the restoration of *function* at the earliest possible minute. But, furthermore, the maintaining of function in a healthy part because it is subject to secondary disability.

GONOCOCCEMIA AND METASTATIC GONORRHEA.

Discussion of Dr. Goldstein's Paper, Continued.
See August Journal, pages 261 et seq.

Dr. Emanuel D. Newman, Newark, said:

The dermatoses, due either to gonococcemia or associated with gonorrhoea, are not very numerous. The eruptive conditions, such as urticaria, erythema simplex, erythema nodosum, various forms of dermatitis, including bullous and hemorrhagic lesions have been noted many times and by many observers. Whether these rashes are caused by or associated with the gonococcus, caused by drugs used, or an associated septicemia, or whether they are simply coincidental, has not been positively determined.

The consideration of the before-named dermatoses can be dismissed, due to lack of time permitted in discussion and because of their frequent occurrence with many known and unknown pathological conditions and the lack of special characteristics when associated with gonorrhoea.

We will devote the time to a consideration of the condition known as Keratodermia Blenorrhagica.

The rarity of this condition can be appreciated when Simpson[1] in 1912 reported the first American case, and found but 20 cases in all literature; Simpson & Beeson[2] in a further review in 1917 added two more American cases and 18 others; since which time I can find only 5 additional cases reported by Brown & Davidson[3], Little & Hayne[4], Woodward[5] and Lundie[6]. There might have been a few more reported but due to the world's war, such reports have not reached us.

My knowledge of this unique dermatosis has not been derived from a personal experience, but from a review of the literature. I am much indebted to the articles by Simpson[1], Roarck[7], Simpson & Beeson[2], Haase[8], Brown & Davidson[3] and other.

The cause of this rare dermatological condition cannot be positively determined. It is associated with gonorrhoea, complicated with an arthritis (in all but 2 cases); associated with the arthritis there is temperature; septicemia, iritis, conjunctivitis, ophthalmia, aortitis, nephritis; anemia or cachexia may be an additional complication. Buschke[9] reported a case where a patient had no acute gonorrhoea but gave history of attack seven years prior. It is a well-known fact that irritation of the skin by the gonococci will produce local lesions, as is evidenced by venereal warts.

Zeisler[10] thought it natural that some remedy used in the treatment might be the cause suggesting its resemblance to arsenical keratosis.

Campane[11] believes that the gonococci and other pyogenic organisms enter the abrasions of the skin, or it may be that acid or alkaline chemical products find an entrance into the tissues, or true proteolytic alkoloids may be formed, due to direct infection with the germ of gonorrhoea being favored by other conditions which may be present at the time, such as syphilis, tuberculosis, stasis, etc.

Pollitzer[12] believes that is a toxic dermatosis notwithstanding the finding of the gonococci in some of the lesions, due to the absorption of some chemical products produced by the gonococcus, a toxic dermatosis of gonorrhoeal origin. Scholtz[13] found gonococci in subcutaneous abscesses which were associated with cutaneous lesions of urticaria and erythema-nodosum type. Hodara[14] found numerous gonococci in blood smears; he was able to grow them, but could not find them in excised lesions.

Haase's[8] tissue examination, animal inoculation and smears from pustules and serum

were all negative. Roarck's[7] smears and blood serum cultures were negative. Chauffard and Froin[15] found no gonococci in the skin lesions.

Wadsack[16] found gram negative diplococci under a scale of a papule; his is the only case in which it has been found; if this be confirmed by other observers then it is possible that the gonococci may find their way through the circulation and act directly upon the skin causing the rash. Ravitch[17] beleives that a patient's system being susceptible to the invasion of micro-organisms, the gonococci might have entered into the circulation sensitized the tissues and produced the dermatosis.

Chauffard and Fiessinger[18] assume that in severe and resistan gonorrhoeal arthritis, there is a gonococcic septicemia, and that the gonococci invades the skin; they discard the gonotoxic theory, and that the staphylococcus is the cause. Baerman[16] beleives an etilogical factor is established beyond doubt: 1st. Because of their constant association, the eruption waxing and waning with the infection; 2nd. Because no similar eruption occurs in other diseases or occurs idiopathic.

Chauffard & Fiessinger[18] tried to produce the cutaneous lesions; sub-cutaneous injections of the gonococcic pus gave negative results, but when the skin surface was abraded and serum used from underneath the keratotic crusts were innoculated, the clinical and histological picture of the original lesion was produced.

These same experiments were unsuccessful in a healthy subject and in animals.

Haase[8] found any abrasion would determine location of a new lesion, it occurred in his case following slight traumatism due to cigarette sparks and at the site of hypodermic injecttions.

Description of Leisons.

Two varieties of lesions have been described.

A—A localized form involving the hands and feet, more especially the soles and palms, with a predilection for the internal borders of the feet and the back of the big toe near to the nail matrix; B—A more or less generalized form, in which any or all parts of the body may be involved including the face and scalp.

Variety A is the more common. If we see the case in its development stage we may find various sized pustules or vesiculo-pustules containing a mucoid secretion under a thickened palmar or plantar epidermis; gradually these lesions become enlarged until waxy, horn-like or translucent nodules appear, regular or irregular in shape; again we may find brownish, greenish, grayish or yellowish crusts, or horny-capped pustules with slight or no inflammatory base or areola; the hyperemic element is slight. When these modules or crusts are scraped or rubbed off, a succulent base is observed and soon, a matter of two or three days, the crusts and nodules are reproduced. The under part of the nails is usually packed with horny and waxy crusts and sometimes a purulent secretion; the nails may be thickened or discolored, and frequently are cast off. When the lesions are fully developed they are apt to remain stationary for a long time (several weeks).

The subjective symptoms are: feeling of stiffness, moderate soreness and discomfort and slight itching.

In a generalized variety, the eruptive elements are frequently the same as in the local variety; they may be widely distributed, oftttimes bilateral, and in main, symmetrical; the crust-like lesions due either to involution taking place in the centre, or by peculiar arrangement of the individual lesions may form serpentine configurations. Sometimes is observed an erythemato-squamous condition, deep red in color and covered with greasy scales not unlike an exaggerated seborrhoric dermatitis.

Some lesions composed of stratified epidermal layers, conically shaped with pointed apices and with rounded or oval bases, not unlike in appearance to rupial syphiloderm, or psoriasis. Under many of the crusts a disc shaped gelatinous mass of foul smelling secretion can be picked out without breaking or crumbling, the consistency of putty and yellowish-gray in color.

Pustules of varying shape and size, some as large as a 25-cent piece, discrete, with or without horny caps, some containing a cheesy gelatinous material, and covered with varied colored crusts; others resemble in appearance and consistency the pustules of variola. Hyperkeratotis eruption on the mucous membrane of the glans penis, resembling epithelioma has been observed.[5] When lesions disappear, a reddish or pigmented surface is left, which gradually returns to normal without scarring. The subjective symptoms are the same as in the other variety only greater due to the greater involvement.

Microscopic Examination. — Histo-pathological examinations of this dermatosis were made by a number of the authors of the reported cases, and in the main all agreed that the epidermis was thickened, due to proliferation of the prickle-cell layer and oedema in the upper portion; stratum lucidum absent; stratum granulosum being present only here and there. The horny layer, thick and friable, the cells of which retained flattened nuclei, evidencing more of a para-keratosis than a hyper-keratosis. Elongated epithelial plugs; intact prickles with marked inter and intra cellular oedema; oedema of the papillae; many vesicles and pustules were found within the prickle-cell layer, their contents consisted of serum and cells of several sorts, polynuclears lymphocytes and the debris of epiderma cells, among them an occasional multi-nucleated cell; a number of polynuclear leucocytes and hence were pustules. Deep and epidermic cell infiltration composed of lymphocytes, leucocytes, plasma and mast cells. The capillaries of the papillae and derma were distended. There is nothing characteristic about these findings.

Differentiation.—There is a slight suggestion of the hard crustaceous (rupial) syphiloderm especially if there by a concomitant iritis. In some lesions, when they occur on the body seborrhoric dermatitis is suggested. In some cases to the form of psoriasis known as rupial.

The question of keratosis palmaris et plantaris must be considered. A study of the case will enable one without great difficulty to positively determine the diagnosis.

Prognosis and Treatment.—The Prognosis depends entirely upon the associated conditions, if recovery from them takes place there occurs a spontaneous involution of the dermatological condition.

Treatment.—Attention to the gonorrhora and the associated complications. Gono-

coccic, mixed and autogenous vaccines have been used. Locally: Hot water and soap; ointments of sulphur and resorcin may be used.

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Clinical Reports.

Case of Encephalitis Lethargica.—It is reported that Hilda Kari, a Finn, died June 26th in Bellevue Hospital, New York, after a sleep that lasted three months and five days, with only a few intervening moments of consciousness. Physicians diagnosed the case as encephalitis lethargica. The patient was brought to the hospital in March 21st. Every effort was made to restore her to consciousness, but the most drastic treatment did no more than to make her open her eyes for a few moments.

Alimentary Antianaphylaxis. — Dr. Joltrain, in Bulletins de la Societe Medicale, Paris, reports three cases in which the antianaphylaxis treatment proved effectual. Two of the patients were children who developed urticaria after eating eggs or certain other food. The third was a young man with attacks of asthma nearly every evening, three or four hours after eating. All seemed to be cured completely by taking 0.5 gm. of peptone half an hour before breakfast and dinner for twenty days, with certain dietetic restrictions.

Drs. Pagniez and Vallery-Radot report similar experiences. Shellfish, lobsters and condiments in the cases related seem to have been responsible for the urticaria and Quincke's edema. A complete permanent cure seems to have been realized by the preliminary injections of peptone.

Forced Foot.—Dr. J. G. Chrysospathis, in Grece Medicale, Athens, reports the case of a healthy soldier of 35 who after a very long and fatiguing march felt suddenly intense pain in the right foot, without trauma to explain it. One of the metatarsal bones had fractured. He ascribes this to the exhausted condition of the muscle which relaxes and allows the heads of the metatarsal bones to hit the ground. Thus fracture may result from this extreme fatigue and forcing of the foot. Besides soldiers, waiters, housekeepers and others who have to stand long on their feet are liable to develop similar disturbance, and it may return.

Occlusion of Intestine for Eleven Years.

Dr. M. Barbier, in Progres Medical, Paris, reports the case of a woman of 38 in whom for eleven years the feces had merely piled up in the colon, the mass of the "Fecaloma" filling almost the entire abdomen. And yet during the last year she had passed through an apparently normal pregnancy. The only misnap during the pregnancy was a menace of peritonitis three weeks before delivery. It was averted, however, by application of ice. Colic, vomiting and diarrhea ushered in the disturbances at the age of 23 and paroxysms of pain occurred regularly every ten or fifteen days, but the proposed operation was constantly refused, until the attacks became unbearable. The colon was sutured to the laparotomy incision and every morning for several weeks some of its contents were scooped out. By the end of the third week the colon could be drawn out and the segment with the stenosis was resected. There was no ulceration above but the wall of the intestine had grown very thick.

Cesarean Section Presenting Unusual Difficulties.

The difficulties encountered by Dr. E. C. Peake, as reported in the China Medical Journal, Shanghai, in his case may be summed up as follows: (1) Extremely critical general condition of the patient; (2) intestines under pressure immediately below peritoneal incision and protruding in an unruly and aggressive manner; (3) placenta directly under uterine incision; (4) fetal head wedged tightly into maternal pelvis, the result of forceps traction; (5) free hemorrhage from wound in lax and inert uterine walls; (6) critical condition of the infant, due to prolonged and very severe compression of the brain, and the fact that the palcenta was detached several minutes before the child could be extricated. Both mother and child made a rapid and complete recovery.

Intestinal Obstruction Caused by Adenocarcinoma of the Sigmoid.

Reported by Dr. W. Howard Barber, New York, in the Interstate Medical Journal.

This case is reported on the assumption that adenocarcinoma of the sigmoid is very uncommon under the third decade and comparatively unheard of under 20 years of age. The subject is a boy aged 19, entering the hospital on January 1. 1918, with symptoms of acute intestinal obstruction. His mother had died of intestinal cancer in middle life. For the past year he had suffered from intestinal cramps, but had kept at his work until the past two weeks. He had always been constipated, but had never had pain when the bowels moved until the past year. He vomited persistenly two days before entering the hospital. There was

no blood found in vomitus nor in colonic washings. His abdomen was markedly distended, generally rigid and tender, and especially so to the left and below the umbilicus.

The abdomen was entered through a lower midline incision. A large indurated mass, involving the upper extremity of the sigmoid colon, at once presented itself, with extreme distention of the intestine above it. There were adhesions about this mass. There was extensive glandular metastas's in the mesosigmoid and upward in the preaortic lymphatics. Realizing that complete excision was impossible, excision of the sigmoidal tumor and of the regional nodes was accomplished in the hope that the condition might eventually prove to be inflammatory. The divided ends of colon were united by terminal anastomosis.

Microscopical examination of the specimen, showed typical carcinoma.

The boy left the hospital in his fourth week and reported repeatedly for observation. He was temporarily improved, but has since lost weight and strength, and is undoubtedly suffering from metastasis.

Brain Abscess of Nasal Origin—Dr. K. Haugseth, in Norsk Magazin, Christiania, reports that he trephined through the temple region when a girl of 14 developed symptoms of a brain abscess following acute frontal sinusitis after influenza. As the rear wall of the sinus was found apparently intact, he refrained from puncturing here, and made the trephining opening through the sound tissue in the temple region. The opening discharged secretions for about five weeks but complete recovery ensued by the end of the sixth week, when the girl left the hospital. She was in perfect health when seen four months later.

Perforated Gastric Ulcer with Abscess.

Dr. Julius Friedenwald of Baltimore read this paper at the meeting of the Ass'n of Amer. Physicians. The patient was a man, fifty-one years of age, who had had symptoms of gastric ulcer for a long time, when he was suddenly seized with an acute, excruciating pain in the upper abdomen, which necessitated two hypodermic injections of morphine to procure relief. His acute illness persisted for a period of ten days, during which he had considerable pain in the left lumbar region, with fever, cough, and purulent expectoration. Following this there was a gradual relief with cessation of symptoms and the patient made a spontaneous recovery.

Traumatic Rupture of Intestine.—Dr. W. H. Battle, in the London Lancet, reports a case of rupture of the jejunum with laceration of the mesentery and intraperiotoneal hemorrhage. The patient was thrown from a bicycle by a van. At operation Battle found a large transverse rupture of the jejunum about 6 inches from the duodenojejunal junction and extending over the five-sixths of the circumference of the bowel, there being only a strip of the mucous membrane on the mesenteric aspect which appeared normal. Excision of this part was performed, for a distance of 3 inches above and 3 inches below the rupture, and an end-to-end union made. The boy recovered.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

The monthly meeting of the Atlantic County Medical Society was held September 12, 1919, at the Hotel Chalfonte, Atlantic City, at 8.30 P. M., with good attendance.

The following program elicited much interest and discussion:

"The Application of War Cardio-vascular Studies to Civil Practice," by Dr. John H. Musser Jr. of Philadelphia.

"War Surgery and Its Application to Civil Surgery," by Dr. John B. Carnett, of Philadelphia.

MIDDLESEX COUNTY.

Charles J. Sullivan, M. D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held on Wednesday afternoon, September 17, 1919, in the Perth Amboy City Hospital, President Forney in the chair.

Dr. English, who was unable to be present, sent a report as chairman of the committee appointed to prepare a minute on the death of the late Dr. Frank M. Donohue. The minute was ordered to be entered on the records and a copy sent to the family of the deceased with an expression of sympathy and deep sorrow, and that a copy be sent also to the Journal of the State Society. (See our Obituary Columns for this minute.—Editor.)

An able and interesting paper was then presented by Dr. F. Ward Langstroth of New York City. It was discussed by Drs. J. G. Cottrell of Perth Amboy and A. L. Smith and L. P. Runyon of New Brunswick.

A vote of thanks was extended to Dr. Langstroth for his excellent paper.

Those present were Drs. Forney, Hoffman, Langstroth, Silk, Meinzer, Smith, Hunt, McCormick, Lund, Merrill, Runyon, Sullivan, Cottrell, Henry, Gruessner, Weber and Spencer.

The meeting then adjourned.

MORRIS COUNTY.

Britton D. Evans, M. D., Reporter.

The annual meeting of the society was held on the evening of September 9th at the State Hospital at Morris Plains, by courtesy of the management of the institution. With but few exceptions, the members were all present and for several it was their first opportunity to attend a meeting since being mustered out of the army service. Among the guests present were Dr. William J. Chandler, Secretary of the State Society; Dr. Luther M. Halsey, ex-president of the State Society, and Dr. David C. English, editor of the State Journal. The gratification of the members was warmly manifested at being honored with the presence of the distinguished guests and their sacrifices made in coming long distances to fraternize with and inspire the members of the society were not unappreciated as the value of their encouraging and lofty influence was fully and gratefully recognized.

This being the annual meeting the election of officers for the ensuing year was in order and the following were elected unanimously:

Dr. Marcus, A. Curry, president; Dr. A. L. Baker, vice-president; Dr. H. W. Kice, secretary; Dr. James Douglas, treasurer; Dr. Britton D. Evans, reporter.

Executive Committee—Dr. Glazebrook, Dr. Costello, Dr. Evans, ex-officio.

Delegates to the State Society—Dr. Glazebrook, Dr. Spencer, Dr. Coultas. Alternate delegates: Dr. McDonald, Dr. Knowles, Dr. Jennie Dean.

Dr. Floyd G. Reed of Rockaway was elected unanimously to membership in the society.

Dr. Harris Day, retiring president of the society, read a paper on "A General Practitioner's Impressions of Psychiatry," which held the attention of the members and guests and set forth many practical points. Dr. Day said that one of his first impressions when assuming his present position as an assistant physician on the medical staff of the State Hospital at Morris Plans was the large number of those afflicted with nervous and mental diseases and as a corollary the greatly overcrowded conditions of practically every part of the institution which hampered seriously the efforts of the medical staff in their treatment of the patients.

Dr. David A. Kraker, lieut.-colonel, Medical Corps, U. S. A., featured the evening with an address on "My Experiences in the U. S. Army." It was the colonel's first appearance before the society since the first year of the war, when he was president of the Examining Board for the Medical Reserve Corps for the State. The colonel gave a history of the army medical work since the beginning of the war. He said that at the time of the declaration of war in 1917, the regular corps consisted of about 400 medical officers and a reserve corps of about 1,000; that at the time of the armistice there were about 37,000 medical officers and an enlisted personnel of about 175,000 in the medical department, so that the Surgeon-General commanded more men than had been in the whole army at any time since the Spanish-American War. He said that the record of New Jersey is one that the medical profession can well be proud of; that the Medical Examining Board was established in March, 1917, and by December of that year over 500 medical officers had been commissioned from New Jersey, of whom 350 were in active duty and many already overseas; that at the time of the armistice over 800 medical men had been commissioned and practically all were in active service.

He said that the development of the Medical Department into the great organization that it was, in the short time at hand and the high grade of service rendered, made a record that every physician might well be proud of. The colonel said that the work of those officers who were assigned to combat troops has been recognized officially, to their great credit, and that many of the medical officers had been decorated both by our own government and by the allied governments. The work of the organizations of the medical department, behind the lines, in evacuation and base hospitals, was so tremendous in volume and was so generally satisfactory that General Pershing found time on many occasions to state officially his recognition and to compliment the commanding officers and the personnel, both commissioned and enlisted, on their valuable aid in gaining victory. The colonel said that the experience gained should be of great value to all the profession as it showed us our shortcomings while at the same time proving our capabilities; that organization of the large hospitals demonstrated the value of the medical group organization, that it brought to the front the great value of the laboratories, both pathological and roentgenological, and these lessons should be made of practical value in civil life. He said that the combination of energy and experience of the group plan, with the practical value both to patient and physician, should be made use of at once and the profession should not be allowed to slip back to the conditions existing before the war, and that to this end our medical societies should become more than mere debating and mutual admiration meetings.

In closing the colonel dwelt upon the valor and value of the American nurse and said to his mind she was the most valuable part of the Medical Department; that she always was ready, always willing, never tired or complaining, and displayed all these admirable attributes without recognition or recompense; that other nations have recognized the nurse by giving her rank and conferring upon her other evidences of recognition but that we Americans have done nothing; he said he felt that the official support of the medical profession, in asking for real rank for the army and navy nurse (at least the rank of second lieutenant) is a duty that we should not neglect to perform.

The committee in charge of the preparation of a suitable memorial to the memory of the late Dr A. E. Carpenter reported that its work soon would be in form to submit to the society and for publication in the Journal.

During the meeting stress was laid upon the absence of a medical man on the State Board of Institutions and Agencies, notwithstanding that this board exercises jurisdiction over medical institutions such as the State hospitals of New Jersey and county institutions.

The general discussions of the topics and problems presented were entered into in a highly illuminating way by the guests and by several of the members.

The members and guests of the society were welcomed in an address by Dr. Evans, as superintendent of the State Hospital, and at the close of the formal session he invited them to a repast served at the institution which apparently was enjoyed by all.

It was voted to hold the next meeting of the society at Dover.

MEDICAL SECTION, RUTGERS CLUB.

Florentine M. Hoffman, M. D., Secretary.

The regular monthly meeting of the Medical Section of Rutgers Club was held on Friday evening, September 12, 1919, at 8.45 P. M. Dr. D. C. English, the vice chairman, presiding.

The paper of the evening, entitled "A Plea for the Rational Treatment of Diseased Tonsils," was read by Dr. Charles J. Sullivan, and proved a most instructive, as well as timely, subject.

Discussion was indulged in by Drs. Howley, Runyon, Smith, Nafey, Schureman and Brown, the various phases of the subject being covered very thoroughly.

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Each member of the State Society is entitled to receive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—
All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to The Editor.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal are sent direct to The Chairman of the Publication Committee.

STARTING RIGHT.

Most of the county societies hold their annual meeting this month. They should organize for aggressive work. There never has been a time in the history of our profession when we needed to start a new year of work with more careful and determined effort to put the society in the best possible condition to meet the evils that are threatening the advancement and efficiency of the profession and the welfare of its members —yes, the profession's life—as an honorable organization. Care in the selection of officers seems to be the first consideration of importance. Every society should have a—

PRESIDENT who will carefully
PLAN for scientific work and the profession's welfare, and then
PUSH things earnestly and persistently.

SECRETARY who will be willing to
SACRIFICE some time to
SECURE successful meetings.

REPORTER who will attend and
REPORT meetings promptly and fully.

Then the society's members will realize their responsibilities, lay aside all indifference and petty jealousies, get in all legally and professionally qualified non-members and save the profession and themselves from the machinations of agitators who are threatening the progession's honorable standing and its life and efficiency. Let us all have some of the devotion and spirit of sacrifice of our members who represented us in the service of our country.

THE PROFESSION'S WELFARE.

We call our readers' attention to an article inserted elsewhere headed, "Courage in Expressing One's Convictions," referring to the pretenders or quacks who are allowed to misrepresent our profession and deceive the public. We believe it is one of the most important subjects that can be considered by the committee, appointed at our last annual meeting, on the Welfare of the Profession, because the welfare of the profession is best maintained and advanced as the profession realizes that *its* welfare will be best promoted by zealous and persistent efforts for the welfare of *the public.*

One of the hindrances in our efforts to correct this evil has been the attitude of many newspaper editors and managers when they accept the advertisements of these pretenders and permit their dupes to use their columns in extolling them and their nostrums and in criticising the physicians who believe it to be their duty to expose them and the falsity of their claims, and then deny the use of their columns to members of the profession of the right to inform the public as to the status of these pretenders and the harmful effects of their quackery. Can this be for any other reason than the fear of loss of money by offending the pretenders and losing their advertisements? Then accuse, or encourage others to accuse, the medical men of being actuated by financial considerations when they are performing their duty to the public at the risk of severe criticism and condemnation!

All honor to the many—and growing number — of newspapers, like the New York Tribune, which will not admit the advertisements of quacks and frauds. But more honor still to the American Medical Association Journal for—not only refusing unethical advertisements, but for criticizing and refusing to endorse *some* of the preparations which even the reputable firms whose advertisements are admitted to its columns, put upon the market. Such a course is rendering great service to the profession and to suffering humanity, and has been characteristic and will continue to be, of the most unselfish humanity serving profession in the world. *We repeat—Seeking*

the Welfare of Humanity is the highest, best aim in our efforts to secure the Profession's Welfare.

GET NEW MEMBERS.

At the last annual meeting of the Medical Society of New Jersey it was suggested that each one in attendance go home and attempt to get at least one new member for his county society. How many have done so? From the very few names reported thus far, I should judge that the suggestion had been almost entirely forgotten. Summer vacations may be your excuse. But the summer now is over and the period of our annual county society meetings is upon us.

When we consider that the number of physicians now practicing in this State is double the number we have on our rolls, it certainly seems that there is a good opportunity for increasing our membership. There are about two thousand physicians practicing in this State who are not members of any of our county medical societies. Many of them are only waiting to have the advantages of membership presented to them and for an invitation to have their names presented for election. They are eligible and should have the benefits of membership.

If there were no other benefit than that of medical defense in case of suit for malpractice, it would be a good investment. To be assured and defended by any outside insurance company would cost about five times the amount of annual dues for one year. If a physician is not a member of one of our county societies nor insured in a good company the cost of a medical defense would pay his county society dues for fifty years.

In addition to medical defense they are brought in closer touch with neighboring practitioners, they receive a good medical journal, containing many valuable papers, medical happenings in this and other States. It would give them an opportunity to attend the State and county medical society meetings and thus enable them to see what others about them are doing as well as permit them to benefit others by their knowledge and experience.

Another reason—minor but often quite effective, objectively—is that once a year he can see his name in print among others in good standing in his county. The city physician is sending some of his good patients to the country. He looks in the directory for the good physicians in the country town and finds the name of Dr. ———. He recommends his patients to call on Dr. ——— and thus Dr. ——— gets a patient whose fees will pay his county society dues for one or many years, and often he thereby gets other patients. We repeat—there are at least two thousand physicians, worthy and eligible to membership, practicing in this State. Use your influence to get them enrolled on our lists. If you try we can get at least five hundred or more in before the present year closes.—W. J. C.

We have re-inserted an editorial, "After the War—What?" that may help in securing new members. See pape XXI.—Editor.

PATRONIZE OUR ADVERTISERS.

We most heartily endorse the following editorial from the September issue of the Illinois Medical Journal. It appeals with equal force to our members. We change only the advertising page numbers to fit the current issue of our Journal:

"WHO PAYS FOR PUBLISHING THE JOURNAL?

"To be honest with you I will tell you it is the advertisers in our Journal. If it were not for our advertisers the annual dues to members would be two or three times the present price. The doctor who fails to read the advertisements in the Journal is standing in his own light, it will only be a short time until the profession and the community in which he lives will brand him as an old fogy, and he deserves it. For, at great expense our advertisers are preparing new and better remedies and are refusing to advertise these remedies in the newspapers and magizines. How then is the public to be benefited by these remedies if the physicians do not keep informed? Doctor, read advertising pages I-XXVIII of the current issue of your Journal; cut out the Alphabetical List of Advertisers on page V., paste it conspicuously and use it religiously when ordering goods or supplies of any kind."

The Michigan State Society Journal also expresses our sentiments fully when it says:

"Don't pass the buck. We are working overtime to make the Journal a success but this is not a one man job. We need the help of each and every member. The least you can do is to patronize our advertisers. They patronize YOUR Journal, so it is up to you to reciprocate. Without them, our Journal would be a losing proposition. When you need something in their line, patronize them. WE STAND BEHIND THEIR GOODS. Watch for the new advertisers and make it worth their while."

PENNSYLVANIA SOCIETY.

The Editor counted it an honor and a great privilege to represent our State Society and carry its greetings to the Medical Society of the State of Pennsylvania at its 69th annual meeting in Harrisburg last month. It was a largely attended meeting; its program was one of unusual excellence; the addresses of the outgoing and incoming presidents, the scientific papers and those on medico-war subjects, and the addresses on compulsory health insurance and other professional-welfare subjects were exceedingly able, interesting and instructive, as were the discussions thereon.

The Society gave evidence of its being awake to the tremendous responsibilities of our profession in these post-war times of reconstruction, and of an earnest determination to meet those responsibilities by wise and practical measures for the advancement of the profession in its altruistic and efficient service of humanity.

It was the Editor's pleasure to congratulate the Society on the election of his friend and brother editor, Dr. Cyrus L. Stevens, as its president for the coming year. His long, faithful and efficient service as secretary and Journal Editor, at great personal sacrifice, was worthy of the recognition extended to him by the Society. May the Pennsylvania Society have a year of highly successful endeavor and unusual prosperity under his leadership is our personal and our Society's sincere wishes.

Our State Society and our county societies as we take up the work of another year should carefully and earnestly consider present conditions and wisely prepare to meet them in the spirit of earnestness and devotion of our members engaged in war service. We believe our State Society's Committee on Legislation should have an active member of every county society cooperating with it, and that a determined effort should be made to perfect the organization of the medical profession in New Jersey, increasing our Society's membership to at least 2,500, as is suggested in another editorial; also that our county societies' meetings should be better attended, be more business-like, more helpful in papers, in reporting cases and in discussions, and be promptly reported to the Journal.

We call special attention to Dr. Eagleton's paper on "Americanism" in the June Journal, page 195, also to Dr. Cone's communication elsewhere given.

CONGRESS AND INFLUENZA.

Bills have been introduced into Congress by Senator Harding and Representative Fess of Ohio, for an appropriation of one and a half million dollars for the fight on influenza. These bills make concrete the recommendations of the section on preventive medicine of the American Medical Association.

There should be no delay in the passage of these bills. Effective measures are needed now to prepare against the possible recurrence of influenza. The bills should have been introduced and passed many weeks ago without any special recommendations. Common business sense should have dictated action. Failure to act is indicative of a form of disease which might be diagnosed by a layman as "political hookworm."—Modern Medicine.

COURAGE IN EXPRESSING ONE'S CONVICTIONS.

"Be Sure You're Right, Then Go Ahead."

Drs. H. W. Nafey, New Brunswick, and N. N. Forney, Milltown, of the Middlesex County Society, deserve credit for seeking to show up a traveling pseudo-medical stump orator who has been holding forth to good-sized audiences and, a la Lydia Pinkham, claiming wonderful "cures."

We should remind our patients and the public generally—both the intelligent and the gullible who jump at conclusions, of Mr. P. T. Barnum's remark that the American people liked to be fooled—that "the bigger the humbug the better it takes" with a large number of the people. The greatest pretenders manage to keep out of the clutches of the law by beating the devil around the bush—seeming to conform to its wording while entirely ignoring its intent and spirit. They say they are not doctors, that they are not practicing medicine. Oh, no; they only diagnose, prescribe treatment, "cure" disease and permit their dupes to call them "doctor" without objecting to it. Then they parade "wonderful cures"; like Lydia Pinkham and other nostrum venders, they can produce scores and hundreds of testimonial of wonderful cures. These stump speakers when opposed cry "persecution," "the doctors complain because they are 'losing the money,'" and other statements they know are false.

The record of the medical profession is an open book. Its abounding charity; its marvelous work in stamping out contagious diseases—smallpox, scarlet fever, diphtheria, typhoid fever, etc., makes Preventive Medicine its crowning glory, for it means vast financial loss in the physician's income—the profession sacrificing itself in its service of humanity. The traveling pseudo-medical showman is in it because of the money and he generally leaves a community before final results of his work are known.—Editor.

Correspondence.

Plumb Planning the Medical Profession.

Editor, Journal State Medical Society.

Dear Doctor: Organiezd labor, or that portion of it comprising the railroad employees, has thrown down the gage and published to the world its program for socializing all industry, commencing with the railroads themselves. The President and Congress have picked up the gage for the people of the United States, and the latter will, at the proper time and in the proper way, settle the matter—for the best interests of all concerned, if it is submitted to them. Nobody is going to be stampeded.

The medical profession of the United States is in a very similar position to the railroads, and a certain class of well-organized agitators and reformers has precisely the same devouring designs upon it that labor has upon railroads and industries. The public will not be dictated to and brow-beaten by labor, and as it clearly sees the drift and is forewarned, it is forearmed.

The people of the United States will not be Plumb-planned by any league, class or organization hower powerful, unless they desire to be. How about the **Medical Profession?**

Ralph S. Cone.

Compulsory Health Insurance Based on Lies.

Charges that campaigns for compulsory health insurance conducted in New York, Ohio and elsewhere, were based on "gross misstatements of facts and elusions," were made today at a meeting of the social insurance department of the National Civic Federation. The session was presided over by Warren S. Stone, grand chief of the International Brotherhood of Locomotive Engineers. Mr. Stone asserted the working people were vehemently opposed to compulsory health insurance. He expressed the belief that it would destroy the initiative of the industrial worker.

Committee on Social or Health Insurance of the Illinois State Medical Society.

Ed. H. Ochsner,	S. V. Balderston,
George Apfelbach,	Cleaves Bennett,
C. A. Hercules,	E. W. Feigenbaum,
W. F. Burres,	W. D. Chapman,
Joseph Fairhall,	J. R. Ballinger,
Chas. J. Whalen,	

SOCIETY MEETINGS—PAST AND FUTURE.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The annual meeting of the Summit Medical Society was held at the Highland Club on Friday, September 26, 1919, at 8.30 P. M., Dr. Kenney entertaining and Dr. Prout in the chair.

Present: Drs. Bowles, Dengler, Falvello, Keeney, Krauss, Lamson, Lawrence, Meigh, Moister, Morris, Pollard, Prout, Reiter, Smalley, Tator and Wolfe, and Drs. Scott and Bensley of Summit and Dr. Thomas of Brooklyn and Dr. Lewis of Hoboken as guests.

A letter of resignation from Dr. Rockwell, on account of removal from Summit, was read by the secretary, and it was accepted with regret. Dr. Rockwell was then nominated for honorary membership by Dr. Lamson, seconded by Dr. Prout.

Dr. Maynard G. Bensley was nominated for membership by Dr. Lawrence, seconded by Dr. Smalley, and Dr. W. C. Johnson of Summit was nominated for membership by Dr. Lamson, seconded by Dr. Prout.

Dr. Lamson was re-elected secretary for the coming year.

The treasurer's report showed a deficit of $13.63, and an assessment of $1.00 was made on each member.

Dr. H. Dawson Furniss of New York, gave the society an interesting talk, illustrated by lantern slides, on the subject of "Kidney Pain." Most cases of pain in this region are due to distention of the capsule or pelvis, or the ureter. Very large stones may cause no pain whatever. His slides showed a great variety of calculi and other causes of kidney pain.

Adjourned, when refreshments were served.

American Association of Electrotherapeutics and Radiology.

The annual meeting was held last month.

Officers for the year to come were elected as follows: Dr. William Martin of Atlantic City, president; Dr. Virgil C. Kinney, first vice-president; Dr. William T. Johnson, second vice-president; Dr. S. St. John Wright, third vice-president; Dr. Mary Arnold Snow, fourth vice-president; Dr. John H. Burch, fifth vice-president; Dr. Emil Heuel, treasurer; Dr. Byron S. Price, secretary and registrar, and trustee for three years, Dr. E. C. Titus and Dr. William L. Clark.

American Public Health Association.

The next annual meeting of the American Public Health Association is to be held at New Orleans, La., October 27-30, inclusive. The central themes of discussion will be Southern health problems, including malaria, typhoid fever, hookworm, soil pollution, and the privy.

The general belief among the health profession is that influenza will return next winter, and a full session will therefore be devoted to this subject for the purpose of developing methods of control.

A Princely Gift for Medical Education.

A gift of $20,000,000 from John D. Rockefeller to the General Education Board, founded by Mr. Rockefeller in 1902, to be used for the improvement of medical education in the United States, was recently announced by the Board.

Campaign Against High Heels.—By the courtesy of the Long Island College Hospital, Brooklyn, N. Y., the first reel of a series of moving pictures showing the disastrous results of wearing shoes with high heels and pointed toes was recently filmed on the hospital roof. The volunteer players are patients from the hospital's foot and shoe clinic, and their production will form a part of a nation-wide campaign against deforming shoes that is being launched by the Young Women's Christian Association.

Dr. Robert Buermann, Bordentown, has removed his office and residence to Lakewood, New Jersey.

Special War Items.

Honorable Discharges, Medical Corps, U. S. A.

Members of Medical Society of New Jersey.
Corbusier, Harold D., Plainfield.
Duckett, Warren J., Jersey City.
Glendon, Walter P., Bridgeton.
Martland, Harrison S., Newark.
Quimby, William O'Gorman, Newark.
Tadeusiak, B. Henry, Trenton.

Medical Officers, U. S. Navy, Released from Active Duty.

Hanson, Edward K., Perth Amboy.

Appreciation of Service of United States Medical Corps.—General Pershing has expressed his personal appreciation of the services rendered by the medical corps at the front and in the hospitals. He stated that their achievements have added new glory to their profession and that the fortitude with which they had suffered casualties and privations was beyond praise. A statement recently issued by the Surgeon-General records four hundred and forty-two casualties among the medical officers of the American Expeditionary Forces in France from July 1, 1917, to March 13, 1919.

The Profession in the War.—We have passed through a time which, thank God, we shall never see again, under a strain which we perhaps did not really appreciate till it was relaxed. Looking back upon it all, we can say, first, that without any doubt whatever the medical work of the army was extraordinarily well done; second, that those at any rate who were connected with hospitals learned more than they ever learned before; and, lastly that perhaps the greatest lesson of all was that over this wide area and throughout this immense body of men there was a unity of effort and a fellowship of spirit such as we had never before imagined could exist.—Major General Sir Wilmot Herringham, C. B., M. D., British Medical Journal.

Venereal Disease in Second Million Drafted Men.

An analysis of the second million men appearing before the army surgeons at mobilization camps has just been given in the office of the Surgeon General of the Army for the Public Health Service and will presently be issued in pamphlet form.

The lowest ratio of venereal disease in men drafted from any one city was found in the troops from Jamestown, N. Y., where the record was 8.03 per thousand. The hihest ratio is that of Savannah, Georgia, at 274.51 per thousand. Next to Savannah stands East St. Louis, Illinois, with a ratio of 227.02 per thousands.

Under the heading of rural and urban districts, the total ratio per 1,000 is: rural, 53.34; urban, 55.44. No infections were found in the 31 men from Panama; the Philippine Islands showed 6.62. Of the continental states, the lowest ratio is Vermont at 13.03. As this covers no city of over 30,000 population, this return is exclusively from "rural" districts. Of the state including return from rural and urban Utah stands lowest—total 18.20—of which 11.08 is classified as rural, 26.83 as urban. The highest ratio is that of Florida, with a rural rating of 149.80, and urban rating of 187.32.—(Social Hyg. Bull.)

Army Medical Corps Keep Effective 93¾%.

Out of 195,000 wounded, 182,000 have recovered. Work blends with Red Cross in many ways.

The record of the Army Medical Department in despatching its duties of war stands out in bold relief as one of the greater accomplishments in the record of medicine. It was the role of the Red Cross to supplement this work and all activity relative to the preservation of the life and health of the fighting men had its Red Cross phase. The Medical Corps and the Red Cross are non-combatant branches of the mobilized forces of the nation, but together, in the great war they waged the longest, hardest, biggest battle of the war; one, in fact, that is not yet ended, and one by which the lives of those 195,000 wounded Americans were ransomed. Of this number 182,000 have recovered.

Statistics show beyond all dispute that the American Army was the healthiest and cleanest army that ever fought. By far the greatest toll of deaths from disease was taken by pneumonia and influenza during the general epidemic that at the time was world wide. Deaths in the army from this cause are placed at 8,000. There were only 1,000 cases of typhoid, fifty of which were fatal; venereal cases never exceeded 4 per cent., an exceedingly low figure in an army in the field. Dysentery was present at one time, but this was checked before it reached the epidemic stage.

When the American troops arrived in France there was great difficulty in securing hospital space and the first wounded found themselves housed in all manner of buildings, from choice edifices of imperial foundation down to humble and none to clean municipal halls in the French villages. There were, at the close of the war, 153 base hospitals, sixty-six camp hospitals, and twelve convalescent hospitals in France alone. One of the best known hospitals was that established in the Ecole de la Legion d'Honneur, at St. Denis, quite close to Paris, where many of the wounded from Chateau-Thierry were brought.

The great Haviland china factory at Limoges was turned over to the Americans for hospital purposes and the library of Orleans was stripped of 100,000 books to make room for the narrow cots and operating tables. In Vichy, hospitals were established in eighty-seven hotels, while several other hostelries were similarly converted in and around Vittel and Centrexeville. Two of the outstanding features of American hospital work in France were the great hospital centers such as Mesves with 25,000 beds and the mushroom 1,000-bed "Type-A" hospitals, that standardized all American-built hospitals in France.

Summing it up, the Army Medical Corps and the Red Cross were able to keep 93¾ per cent. of the fighting forces effective for duty at all times and of the remaining 5.7 per cent. only 3.4 per cent. were incapacitated through disease. This is a record on which the army and the Red Cross can look back with satisfaction.

Practice with Sickness Insurance in Germany.—The Nederlandsch Tijdschrift states that a regulation has been adopted by the sickness insurance companies at Hamburg—mainly through the efforts of Professor Pfeiffer—which he thinks should be imitated by the companies throughout the whole country. The insured pay as their premiums 4 per cent. of their wages. Of the amounts thus paid in, the companies pay out 23 per cent. for medical care, the house physicians receiving three-fourths of the whole and specialists one fourth. For any extra attendance at night or in emergencies physicians not under contract with the company are to be called on. The payments are to be according to the work done and this is estimated by a commission composed of physicians and representatives of the business office of the companies. The insured have free choice among the physicians under contract with the company. The agreement is to be in force for two years. The details were given in the Munchener medizinische Wochenscrift, No. 29.

Therapeutic Notes.

Diabetes Insipidus.

Strych. sulph, gr. 1/48.
Acid. hydrochlor. dil, m. x.
Aquae laurocerasi, dr. ij.
S.—To be taken 3 times daily in water.

Gouty Neuralgia.

Sodii salicylatis,
Antipyrini aa, ʒij.
Syr. zingiberis, fʒjss.
Aq. chloroformi, q.s. ad., fʒxij.
M. Sig.: Two tablespoonfuls every 15 minutes for four doses, unless the pain ceases before that time.

Auricular Flutter and Its Treatment.—Jonathan Meakins, in the Canadian Medical Association Journal, says that the treatment consists of the use of digitalis in large doses until auricular fibrillation occurs, when, if the digitalis is stopped, the tendency is for the normal rhythm to return.

Bronchial Asthma.—An attack of bronchial asthma is sometimes relieved by tobacco smoke, hot coffee, or fresh air, but the most reliable treatment consists of a hypodermic of morphinae sulphatis, ¼ grain, with atropinae sulphatis, grain 1/80, and spiritus glycerylis nitratis, 2 minims.

Camphorated Oil in Sciatica.—Dr. A. S. Jensen, Copenhagen, relates that the pain subsided completely in the course of ten or twelve days in all of his thirteen cases of sciatica treated by injection of 3 or 4 c.c. of camphorated oil in the limb involved. He has found this measure useful also in neuritis, the pains all subsiding within five or six days.

Diarrhea and Arsenic.—Luis, in Siglo Medico, Madrid, advises supervision of the bowels when prescribing arsenic in any form or by any route. It should be given very cautiously when there is a tendency to diarrhea, and the drug should be suspended when it seems to derange intestinal functioning, especially in the debilitated. Fowler's solution seems to have the least disturbing influence of any form.

Dental Caries.—It has been conclusively shown that dental caries is not due to defective resistance on the part of teeth, but faulty oral conditions operating upon the teeth from without. If the diet is so ordered as to leave the mouth clean—hygienic—after each meal, the teeth do not decay. Otherwise the most perfect teeth become carious.—Med. Press.

Nascent Iodin in Ear, Nose and Throat Diseases.—Dr. Maurice, in Progres Medical, Paris, reports that he has applied **enfumage iode** by heating iodoform and insufflating the vapors directly to the focus in tonsil, nose, maxillary sinus or middle ear. In chronic otitis media it has proved a potent adjuvant to the usual measures. It often heals suppuration in the ear without the necessity for destructive operations. He warns that not more than two or three jets should be insufflated at one sitting, as more than this may cause painful distension.

Yeast as a Therapeutic Agent.—It is claimed by some that it can be used most successfully in treating gastro-intestinal disturbances, such skin diseases as acne, furunculosis, impetigo and carbuncle, and in surgical conditions due to pyogenic organisms. Others have reported favorably on the use of yeast against infectious diseases.

Opiates in Cardio-Vascular Affections.

Laubry and Esmein report on the preparations of opium, which they have used with good effect in the treatment of certain symptoms in these affections.

For pain, the opium is combined with analgesics and small doses of cardiac tonics.

Sulphate of quinine
Phenazone, of each 0.20 gr.
Caffeine
Powder of opium, of each 0.02 gr.
for one powder.

One cachet may be given every three hours, as long as the effect of the opium is required.

Dionine, 0.20 gr.
Cherry-laurel water, 10 gr.

"Ten drops to be given two or three times a day."

In painful crisis, morphia or acto-morphia may be combined with trinitrine.

Morphia hydrochorate (or acetomorphia hydrochlorate), 0.06 gr.
Alcoholic solution of trinitrine (1 per cent.), 60 drops.
Cherry-laurel water. 20 gr.
Distilled water, to 100 gr.

"One teaspoonful to be taken two or three times a day."

When a rapid effect is required, a hypodermic injection of morphia is the best way to procure it.

For insommia, opium may be combined with a cardiac tonic.

Dover's powder, 0.20 gr.
Digitalis in powder, 0.10 gr.
given in a cachet.—(Journ. de Med. et de Chir. prat.)

Hospitals; Sanatoria, etc.

Hospital Memorial.—Residents of Gloucester, N. J., will erect a memorial hospital in honor of soldiers of the country who fought in the world war. Decision was reached at a public meeting at the City Hall. It is estimated that the hospital will cost $50,000. Funds will be raised through an appropriation by the city and by public subscription. The proposed hospital will have twenty-five beds. The annual expense of operation is expected to be $9,600.

State Hospital, Morris Plains.

Remaining July 31, 1919, 2,700; admitted during August, 1919, 54; discharged during August, 1919, 44; remaining August 31, 1919, 2,710.

Capt. Franklin C. Young, M. D., has returned from overseas service and has resumed his position as an assistant on the medical staff of the State Hospital at Morris Plains.

Dr. Elam F. Srygley, lieutenant in the Army Medical Corps, has returned to the State Hospital at Morris Plains and again is a member of the medical staff. He brings back with him three citations: The Croix de Guerre, the Distinguished Service Cross and an extra citation from the U. S. Army. He also wears three stars, showing he was in three important battles.

Field Day for the patients was held at the State Hospital at Morris Plains on August 29th. Upward of 3,000 people attended the gala occasion and among them was the Governor of the State. The Governor addressed the patients in which he said: "If there are days when you feel that you have been forgotten; when the clouds are grey and everything seems dark; when you seem to be suffering alone and no one seems to care; I want you to know that you are mistaken. I want you to think that there are many of us who are thinking about you, not only myself and my official family, but thousands of the men and women of the State. I want you to realize what the presence of the visitors who are with you to-day means; it means that they are interested in your welfare and are willing to devote their time and their effort to making you happier and to providing for your future. Remember the day is that on which your friends turned out to prove you are always in their thoughts. Goodbye and God Speed!"

School for Hospital Superintendents.

In order that superintendents of hospitals and physicians who wish to extend their professional studies to cover the problems of hospital administration may have opportunity to enter upon a course of training adapted to their needs, the College of Medicine of the University of Cincinnati has opened a department of hospital administration as a division of the Department of Industrial Medicine and Public Health. Dr. Arthur C. Bachmeyer, superintendent of the Cincinnati General Hospital, will have charge of the new department. The dearth of trained executives for hospital administrative work has been an important factor in the minds of the University authorities in the creation of the department.

New Haven Hospital Begins Course in Dietary Studies.

An elaborate course of training in dietary studies for student dietitians has been arranged for the coming year at the New Haven Hospital, New Haven, Conn. The work covers the theoretical phases of the subject, the administrative duties of the dietitian in hospitals or other institutions, and the practical application of principles in laboratory, kitchen, serving room, or office.

The close relationship of dietary problems to medicine and the dietetics of particular diseases are emphasized.

American Hospital in Havana.—One of the most needed institutions today in Havana is an up-to-date American hospital for the benefit of the large Anglo-Saxon colony in this island. In every part of the world where there is a foreign colony, one of the first necessities it feels is the possession of its own institutions, such as churches, schools and hospitals of which the last mentioned are, perhaps, the most indispensable. New York, for example, has its Jewish, French and German hospitals, and soon will have a Spanish hospital. In Cuba the Spaniards have built their several quintas (country houses with gardens or parks) and no doubt feel more at home in them than in the strictly Cuban hospitals, notwithstanding the fact that they are of the same race and language, and it would seem as if the Anglo-Saxon residents of Cuba must feel the same need even more sharply. It is becoming more and more the custom among Anglo-Saxon women to be confined in institutions instead of in their homes. This is even more necessary in Cuba, owing to the difficulty of procuring trained American nurses for the homes on such occasions. The plans for this American hospital are made and the approximate cost will be $300,000, which includes the site and the building, $150,000 of which is already available. The American colony of Cuba has received with joy the idea of having its own hospital, and we doubt not that it will soon be a reality.

Bonnie Burn Sanatorium.

Dr. John E. Runnels, superintendent, reports that on August 1st there were 216 patients present in the sanatorium, 121 males and 95 females. This number includes 31 males and 40 females in the preventorium. During the month 26 patients were admitted, 16 males and 10 females. Six of these admissions went to the preventorium. Among these 26 admissions there were 3 readmissions. The admissions are classified as follows: Pretubercular, 5; incipient, 1; moderately advanced, 4; far advanced, 15; non-tubercular, 1. The daily average for the month was 219.2.

Loomis Sanatorium—Tuberculin Treatment at.

Bertram H. Waters and Andrew Peters Jr., give the status of 1,067 patients in December, 1917, who had been admitted to the Main Division of the Loomis Sanatorium between December 15, 1906, and December 15, 1912. Their analysis is mainly a comparison of the ultimate condition of those patients who had received only general sanatorium treatment with those who inaddition received tuberculin therapy. They conclude that while there appears to have

been some advantage in expectation of life for patients with well advanced types of lesion, who received tuberculin, the factors of selection and longer sanatorium residence render its significance in relation to specific treatment doubtful; that all things considered their study does not furnish any very impressive evidence of the value of tuberculin as a therapeutic agent in pulmonary tuberculosis; that even with careful selection, administration and observation, certain definitely unfavorable results were noted during treatment which could not be wholly dissociated from causal relation so far as tuberculin was concerned; and that apparently the sputum of more patients who received tuberculin became bacilli-free than of those who had not been thus treated.

State Village for Epileptics.

The twenty-second annual report has recently been issued for the year ending June 30, 1919. Dr. David F. Weeks, Medical Superintendent, reports the following statistical items: At the beginning of the year there were 771 patients under treatment—397 males, 374 females; there were 121 admissions during the year, total under treatment 892. There were 168 deaths: 43 due to epileptic seizures and 65 the result of influenza. 2 were discharged on writ of Habeus Corpus; 16 were discharged on request of relatives; four are uot on escape. The average daily number under treatment was 718.53. In the institution June 30, 1919, were 699—340 males and 359 females.

There were during the year 422 cases of influenza with 67 deaths. Of the 44 over 60 years of age only one contracted the disease and only one child under 5 years of age—the latter members of resident employees' families. The case incidence among the vaccinated—with influenza bacillus virus—and the unvaccinated was practically the same, though the fatality rate was somewhat less, but Dr. Weeks says this was not true in a sufficient number of cases to warrant the conclusion that vaccination produced this result.

Nine cases that recovered from influenza have since died of myocarditis.

Deaths.

BARWIS.—At Trenton, N. J., September 8, 1919, Dr. Elmer Barwis, aged 69 years.

Dr. Barwis was born at Morrisville, Pa., in 1850. He graduated from the University of Pennsylvania Medical School in 1873. He had practiced medicine in Trenton 45 years and was one of the best known and ablest physicians there.

MARKLEY.—In Camden, N. J., August 28, 1919, Dr. Paul Hamilton Markley, aged 59 years.

Dr. Markley was born in Hataboro, Pa.; he graduated from the University of Pennsylvania Medical Dept. in 1882. He was a member of the Camden County Medical Society, the State Medical Society and the American Medical Society. At the time of his death he was superintendent of the Sunny Rest Sanatorium at Ancora and was on the staff of the Glen Gardner Institution.

STREETS.—In Bridgeton, N. J., September 16, 1919, Dr. Jacob R. Streets, aged 74 years.

WILLIAMS.—At Spring Lake, N. J., August 29, 1919, Dr. Frank H. Williams, aged 67 years, a graduate of the University of Pennsylvania, 1874.

IN MEMORIAM.

Frank M. Donohue, M. D., Died June 28, 1919.

The Middlesex County Medical Society at its first fall meeting following the vacation period, held September 17, 1919, adopted the following minute on the death of Dr. Frank M. Donohue:

Dr. Frank M. Donohue was born in New Brunswick August 17, 1859. After receiving a liberal preliminary education he began the study of medicine under the preceptorship of Dr. Clifford Morrogh, the eminent surgeon of New Brunswick; he graduated from the New York University Medical College in 1881, when he became associated with Dr. Morrogh in the practice of medicine, which relation continued until the death of the latter in 1882, when Dr. Donohue assumed entire charge of the extensive practise. This society on March 15, 1882, in taking action on the death of Dr. Morrogh, adopted the following as concluding resolution: "That our sympathy be also extended to our esteemed fellow member, Dr. F. M. Donohue, the associate in practice of Dr. Morrogh, and hereby we express our hope that the deceased partner's success may attend him." This society's hope was realized as Dr. Donohue by the exhibition of similar skill and efficiency became the worthy successor of that distinguished surgeon.

We most sincerely acknowledge that Dr. Donohue's native talent, untiring energy and remarkable success in practice placed him at the head of his profession in this county and won the respect and commendation of his fellow practitioners throughout the state. We refer with grateful memories to his manliness, his dignity and affability, his valuable suggestions in counsel, his great ability in every branch of medicine and especially to his eminent skill and success in his specialty as a surgeon. He became a member of this society in 1881; was three times elected its president, the last time in 1916, when he was deemed the most fitting member to occupy that office on the occasion of our society's sesqui-centennial celebration. Although a busy practitioner, he was regular in attendance at the meetings, often at much personal sacrifice; he frequently contributed scientific papers, and his discussions of papers were able, practical and helpful. His annual reception of our members at his beautiful summer home—Cedar Crest—were most enjoyable occasions that will ever linger in our memories. He generally attended the meetings of the Medical Society of New Jersey: for two years was chairman of its Business Committee and served most acceptably; in June last he was re-elected for a third term.

In his death this county society has met with a well-nigh irreparable loss and the lapse of weeks since his departure has rather added

to than mitigated our sorrow, as we more fully realize his loss to us, to our citizens and especially to the New Brunswick hospitals. For many years he was the leading surgeon of the John Wells Memorial—later the Middlesex Hospital, president of its medical and surgical staff; also leading surgeon and staff president of St. Peter's General Hospital, during its eleven years' existence. His work in these hospitals was very strenuous and at times exhausting; its success was remarkable, and with his other work, we believe, proved to be self-sacrificing. Dr. Donohue was also a manager and for some years chairman of the board of the Boys' Home at Jamesburg, N. J.

Dr. Donohue, like his predecessor, was deeply interested in the financial institutions of New Brunswick; he was a director and vice-president of the People's National Bank; a director of the New Brunswick Trust Company, and a manager and member of the funding committee of the New Brunswick Savings Institution. He also served for some years as Sinking Fund Commissioner of the City of New Brunswick. During the draft period of the recent World War he served most actively and faithfully as a member of the Advisory Medical Examining Board.

We tender to his widow and children an expression of our profoundest sympathy, with the assurance that we mourn with them over his departure with inexpressible sorrow.

David C. English, J. Warren Rice, Howard C. Voorhees, Committee.

Personal Notes.

Dr. Charles V. Craster, Newark, Health Officer, has an able article in the September Modern Medicine Journal on "The Influence of Season Upon the Prevalence of Epidemic Diseases."

Dr. Halvor L. Harley, Pleasantville, was recently elected a member of the Executive Committee of the local American Legion of Soldiers.

Dr. John H. Moore, Bridgeton, spent a week in Atlantic City last month.

Dr. Henry E. Ricketts, Belleville, attended the meeting of the American Hospital Association at Cincinnati last month, and then with his wife visited relatives in Ohio, returning by way of the Great Lakes and Buffalo.

Dr. Blaise Cole, Newton, was recently elected vice chairman of the Lieut. Charles A. Meyer Post, American Legion of Newton.

Dr. George E. Gallaway, Rahway, and wife spent the latter part of September at Greenpoint, L. I.

Dr. Joseph B. Harrison, Westfield, and wife are spending a month at Clifton Springs, N. Y.

Dr. Horace M. Fooder, Williamstown, has been renominated as an Assemblyman from Gloucester County.

Dr. William E. Darnall, Atlantic City, read a paper on "New Jersey's Work in Mosquito Control," which appears in the September A. M. A. Journal.

Dr. Samuel C. Haven, Morristown, and wife returned last month from South Milford, Nova Scotia, where they spent two months.

Dr. Richard C. Newton, Montclair, has an article in the Medical Record, Sept. 13, on "Tuberculin Therapy in Children; From the Author's Experience."

Dr. W. Leslie Cornwell, Bridgeton, was recently elected vice commander, and Dr. Elton S. Corson chaplain of Shoemaker Post No. 95, American Legion, composed of the 200 world war men of that section.

Dr. James M. Reese, Phillipsburg, was elected a vice-president of the Lehigh Valley Medical Association July 24, 1919.

Dr. Frederick C. Webner, Newark, and wife have returned from Monroe, N. Y., where they spent the summer.

Dr. Joseph G. Coleman, Hamburg, was recently elected financial officer of the Franklin Post of the American Legion.

Dr. Archer C. Bush, Verona, who has been serving in the army overseas for nearly two years, has arrived at Camp Mills. He expects to be mustered out of service soon and will return to resume his practice in Verona.

Dr. William R. Broughton, Bloomfield, who with his wife spent some weeks in New Hampshire and Vermont, returned home last month.

Dr. Robert W. Moister, Summit, and wife returned from Greenwich, Conn., recently.

Dr. J. Minor Maghee, West Orange, and wife have returned home after spending six weeks at their summer home in Massachusetts.

Dr. Wilbur P. Rickert, Millville, and wife recently returned from a motor trip through Pennsylvania.

Dr. George W. Strickland, Roselle, and wife last month visited their son in Oklahoma.

Dr. Peter S. Mallon, formerly a member of the medical staff of the State Hospital at Morris Plains, visited that institution on Sunday, September 7th. Dr. Mallon for sometime has been chief psychiatrist of the First Division and returned under General Pershing.

Capt. E. Moore Fisher, M. D., formerly of the medical staff of the State Hospital at Morris Plains and vice-president of the Morris County Medical Society, is still in the army service. Dr. Fisher was the logical candidate to be presented for the presidency of the county society but the members were without definite knowledge as to when he would be mustered out of the service or whether he would return to Morris County for the practice of his profession, so that he consistently could not be advanced to the presidency of the society. The last news from Capt. Fisher was that he was on an important examining board and that he holds a position of much responsibility in the army service.

Dr. Matthew K. Elmer, Bridgeton, recently returned from a trip to the Mesa Verde National Park. He wrote concerning this park from Denver, Col.: "As you may know, the very highest type of prehistoric civilization in the United States is represented in the ruins of the Mesa Verde National Park. Many centuries ago the cliff dwellers sought refuge from enemies in the canon walls and overhanging cliffs and there constructed cities that are models of skillful architecture to this present day. Over the remains of these ancient people there hangs a pall of mystery that holds the present-day visitor in a weird conjecture as to who were they, where they did originate, and where did they go."

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Arkansas, May	33	30	3
California, March	59	26	33
Georgia, March	26	26	0
Hawaii, May	5	2	3
Idaho, April	11	11	0
Indiana, February	37	37	0
Iowa, March	50	50	0
Nevada, May	8	8	0
Oklahoma, April	5	5	0
Utah, April	6	6	0

The New Jersey State Board of Medical Examiners will meet at the State House, Trenton, October 21 and 22. Alexander MacAlister, M. D., Secretary.

National Board of Medical Examiners.

The seventh examination held by this board was in Philadelphia June 2-7. There were seventy-three applicants who applied for examination. Sixty-five were found to have the essential preliminary and medical qualifications, and fifty-two of these appeared for examination. Of these, fifty-one passed, and one failed.

License to Practice in All States.—A bill to license physicians under the federal government to permit them to practice in any state of the Union has been introduced by Representative Mason. The measure provides that any person who has taken a full four years' course in a professional medical school and who has been granted a state license, or any person who has been admitted to practice medicine and has practiced for at least five years, may obtain a license to practice in any state in the Union by paying a fee of $10 to the Secretary of the Interior. The licentiate must have his license recorded with the department of health in the state in which he intends to practice. The bill is numbered H. R. 8313, and it has been referred to the House Committee on Interstate and Foreign Commerce for consideration.

Public Health Items.

Public Health Nursing.—To those who have followed the development of public health work in this country it becomes more and more evident that much of the progress is due to the introduction of public health nursing as an integral part of public health administration. Unfortunately, a very large number of communities in the United States are still without a public health nursing service. It seems not to be realized that such a service constitutes a well-paying investment. Yet nothing has been more clearly demonstrated. Progressive health administrators who have had experience with public health nursing are unanimous in praise of the results obtained. More than ever before there is great need for additional well-trained workers in this field. It is to be hoped the time is not far distant when every community throughout the United States will enjoy the benefits of a system of public health nursing, for experience has demonstrated that this is an invaluable measure for bringing the work of the health authorities to the people.—Public Health Reports.

Recreation Centers Aid Many to Health.—The City of Philadelphia, in its thirty-five or more recreation centers and playgrounds, is spending thousands of dollars to keep not only young men, but also the public, generally fit to defy disease and the ailments that are likely to attack an undeveloped body. The recreation centers are fitted with gymnastic apparatus and have staffs of trained teachers. The grounds are equipped with tennis, handball, basketball and volleyball courts, baseball diamonds, football gridirons and for other games. There are individual lockers and hot and cold showers, and clean, sterilized towels are also supplied. For the children there are game-rooms, with many sorts of games, a reading room, and club meeting rooms.

Publication on Vaccination.—Dr. William M. Welch presented to the College of Physicians of Philadelphia a pamphlet which was the first publication in this country upon vaccination. The article was written by Benjamin Waterhouse, the first Professor of the Theory and Practice of Medicine in Harvard University. The pamphlet states that the author received the virus from England and immediately vaccinated his own children. To prove that the children were immune he subsequently took them to the smallpox hospital in Boston, where they were inoculated with smallpox virus taken directly from a pustule on a patient in the hospital at that time. Finding that it made no impression upon the children he exclaimed, "One such fact is worth a thousand arguments."

Cancer Increasing.—The cancer death rate in the United States shows an increase of about two and one-half per cent. every year, according to a statement issued by the United States Public Health Service. It has already advanced from 62.9 in 100,000 of population in 1900 to 81.6 in 1917. There were 61,452 deaths from cancer in this country in 1917, as compared with 112,821 from pneumonia, 110,285 from tuberculosis, 115,337 from heart disease and 80,912 from kidney disease.

Influenza in the Brazillian Army.—A recent report from Dio Janeiro states that influenza exists in epidemic form in the Brazilian army, and that there are three hundred cases in the Rio Janeiro military hospital alone.

The Influenza Pandemic in Japan.—This country was visited by influenza for the first time in the present pandemic during the winter of 1918-9. Over 20,000,000 people were attacked and the mortality up to Feb. 1 alone was 240,000. The native scientists believe that the cause is a filtrable virus present in the sputa and blood which attacks the mucosae of the respiratory tract.—Le Progres Medical.

Influenza Deaths.—The Weekly Health Index for March 3, 1919, issued by the Bureau of the Census, shows that in thirty-one of the larger cities of the United States with a population of over 19½ million for the period of twenty-five weeks from Sept. 8, 1918, to March 1, 1919, inclusive, there were 72,009 deaths from influenza and 49,598 from pneumonia in all forms,

giving, for the two diseases, a rate of 6.2 per thousand of population. There was said to be an excess of deaths from all causes of 96,679, or 5.0 per thousand of population as compared with the deaths and death rate for 1919.

Syphilis in Wisconsin.—Laboratory examinations of 20,000 persons in Wisconsin in four years demonstrated twenty-two per cent. to be actively syphilitic, according to a report made to the State Legislature by Dr. W. F. Lorenz, director of the Wisconsin Psychiatric Institute.

Fifteen Hundred Cases of Chancre.—Levy-Bing and Gerbay saw during three years of war 1,500 cases of syphilitic chancre in soldiers, two-thirds of which were contracted in the interior zone. A still greater proportion were contracted from women who were "picked up" and comparatively few in houses of prostitution. Extragenital infection was not common—less than 3 per cent. In every case of chancre a laboratory diagnosis was made. —La Press Medicale.

The Venereal Toll.—During the month of September, 1916, from nearly 42,000 Canadian troops in Great Britain there were admitted to hospital suffering from venereal disease, 960 men, practically a battalion; during the month of September, 1918, from among 110,000 Canadians in Great Britain there were 750 similar admissions. In two years the venereal incidence had been reduced more than 66 per cent. It stands now at less than the third of what it was two years ago. Had they continued at the same rate, the admissions during the month of September, 1918, would have been, not 750, but over 2,500; not seven and a half companies, but two battalions and a half out of action.—Adami, Canad. M. A. J.

WARNING AGAINST EATING VEGETABLES OR FRUIT EXPOSED FOR SALE ON STANDS.

Dr. John Nevin's Investigation.

Fearing there may be another epidemic of influenza this winter, Mayor Frank Hague, of Jersey City, recently instructed Dr. John Nevin, medical director of the city, to investigate the cause of such epidemics and the best means of checking it and stamping it out. The doctor to-day submitted his report.

The investigation led him to an exhaustive study of conditions and his report shows that most contagious diseases are carried through foodstuffs exposed for sale on stands and in stores. Assisting him in the investigation was Dr. John Von der Lieth, a noted bacteriologist, and members of the Health Department under Health Officer James J. Hagen.

The report emphasies the necessity of washing all fruits and vegetables before eating, as they are carriers of influenza, pneumonia and tuberculosis germs. This is especially the case in all vegetables which can be eaten raw, such as salads, tomatoes, onions and garden truck, and all fruits. His investigation showed that many storekeepers handled the goods with dirty hands and that many purchasers ate them without even wiping them off. An examination of those goods exposed for sale and eaten without cleaning showed that they contained all kinds of bacteria and were beds of disease-breeding germs.

a campaign of education be conducted to get people to clean their food and eat with clean hands and that a law should be passed compelling all fruit and vegetable dealers to keep their hands clean, as the examination of the hands of several dealers disclosed germs under their finger nails. This, stated Dr. Nevin, was far from being a pleasant subject, but it was one that needed serious consideration as it was a serious matter and essential to the health of the community.

Dr. Nevin, in his report, says:

"For the purpose of investigation, stores in different parts of the city were selected, not the worst, and some of the best. It is not necessary that the stores should be mentioned. Stripped of technical verbiage, the report shows that forty plates were exposed on street stands and in stores open to street conditions. The bacteria deposited were so numerous that counting was not feasible and microscopic photographs were taken. The contamination of these plates was primarily caused by dirt and dust carried in the air."

Medico-Legal Items.

Waiver of Warranty by Medical Examiner.—A local medical examiner of a fraternal beneficiary association, who is not an officer of the local lodge, but an agent of the supreme body, can waive warranties in the application for insurance.—Hereford v. Mystic Wonder Workers, etc. (Mo.) 207 S. W. 76.

Validity of Order Revoking License to Practise.—The Illinois Supreme Court holds that the power given by the Civil Administrative Code to the department of registration and education to revoke a license to practise medicine within the State is not arbitrary. The department cannot act except for cause shown, upon notice and hearing, and with an opportunity to defend. Its power to revoke the license of a medical practitioner cannot be exercised except upon the action and report in writing of a majority of the five reputable physicians licensed to practise medicine and surgery in the state designated from time to time by the director of registration and education for that purpose. It is essential to the validity of an order revoking a license that it shall show the facts essential to the jurisdiction of the department..—Blunt v. Shepardson (Ill.), 121 N. E. 263.

Insurance Policies—Questions as to Health.—A question in an application for life insurance "Have you consulted or been under the care of a physician any time within the past ten years?" was answered "No." In an action on the policy it was held that sunburn resulting in peeling of the skin was not an illness. Illness, it was said, "means something more than a temporary indisposition, slight and trivial in its nature, and which does not really affect the soundness of the system, substantially impair the health, materially weaken the vigor of the constitution, or seriously derange the vital functions." Some authorities hold, however, that a general statement as to con-

sultation with a physician is breached though the consultation is for a trivial ailment or in-

Dr. Nevin said that it was imperative that jury, leaving no permanent results and not affecting in any way the risk.—The Homesteaders v. Stapp, Texas Civil Appeals, 205 S. W. 743.

Accident Insurance—Warranty as to Medical Attention.—An insurer cannot be deemed to have waived a breach of a warranty contained in an application that the insured had not received medical attention within two years, because its agent and physician had notice or knowledge of the breach where the policy expressly withheld from such agents authority to change the policy or to waive any of its provisions, and provided that notice to such agents or knowledge of theirs should not be held to effect a waiver of the contract or any part of it. The terms of the contract were such as to make the truth of the plaintiff's statement a condition precedent to his recovery. It was in express terms made a warranty.—Maryland Casualty Co. v. Campbell, 255 Fed. 437.

Book Reviews.

All books received will be mentioned by title with the names of their authors, publishers, etc., and this will be considered by the committee as sufficient acknowledgment to the publishers. Selections will be made for review as the merits of the books or the interests of our subscribers may warrant.

The Blind—Their Condition and the Work Being Done for Them in the United States. By Harry Best, Ph. D. Published by The Macmillan Company, New York City. 763 pages. Price, $4.00.

This is a very complete description of the blind and their needs and what is being done for them. The chapter on general condition and number of the blind in the United States with tables is well covered; also the economic condition is fully described—The prevention of blindness is also extensively discussed. The chapter on ophthalmia neonartorum with suggestions and treatment is excellent. The history of the use of raised print and the number of books and magazines in such print are given. The pensions for the blind and indemnities paid for the loss of sight through law suits and insurance policies and the workingmen's compensation law, and also the provisions made by the National Government for persons blinded in war have been cited and discussed from every angle. The book shows evidence of prolonged, patient and intelligent study and is a valuable volume. E. A. Curtis.

Diet in Health and Disease. By Julius Friedenwald, M. D., Professor of Gastro-Enterology in the University of Maryland School of Medicine and College of Physicians and Surgeons, Baltimore; and John Ruhrah, M. D., Professor of Diseases of Children in the University of Maryland and College of Physicians and Surgeons, Baltimore. Fifth Edition, thoroughly revised and enlarged. Philadelphia and London: W. B. Saunders. Octavo of 919 pages. Copyrighted, 1919. Cloth, $6.00

The authors in this the fifth edition of their very valuable work have rendered a distinct service and along lines perhaps not considered by them. The book is written for the medical profession, especially, and the thorough manner in which dietetics is described by the two very competent authors, makes it a volume that should have a place near the desk of every general practitioner, so that it could be easily accessible, because it contains the solution of many problems that confront the physician practically every day. The information contained is that which every physician is expected by the general public to know all about, but the physician knows well and the authors truly say "The literature of the subject is voluminous." Therefore, when we find in one handy volume such information as: The calorific value of about all of the common articles of food, why some foods are suitable to morbid conditions (of which a variety are given in detail) and such a wide range of subjects that Vitamines, Food Alergy, Infant feeding, Acidosis, Diabetes, Obesity, Sippy's diet in peptic ulcer, the Karell cure and a host of others are described in interesting detail, the value of this book to the physician and medical student can be appreciated.

It would also appear from the explicit and simple manner in which the reasons for the various steps in the preparation of food for the well person and for the sick are described, that the average housewife of ordinary intelligence would benefit her family, and greatly assist her medical advisor, by having a copy of this book in her kitchen library. This kind of information should be popularized, rather than the pseudo-scientific information, regarding hygiene, that great efforts are being made to keep constantly before a surfeited public. By putting into practice in the home, the recommendations of experienced observers, such as the authors of this volume, we would be able to successfully meet many of the serious economic problems, that confront every family circle and every community at this time. Well selected and properly prepared food always did and always will play a very important role in our lives and only by a thorough understanding of food values on the part of the individual can the nation's resources be protected from willful waste. R. N. Connolly.

BOOKS RECEICED.

Collected Papers of the Mayo Clinic, Rochester, Minn.. Edited by Mrs. M. H. Mellish. Volume 10, 1918. Cloth. Price, $8.50; pages 1196. Philadelphia, Pa.: W. B. Saunders Company, 1918.

The Don Quixote of Psychiatry. By Victor Robinson, Ph. D., M. S. New York Historico-Medical Press.

Hygiene and Public Health. By George M. Price, M. D., Director, Joint Board of Sanitary Control, etc. Philadelphia, Lea and Febiger. Price, $1.50.

REPORTS AND REPRINTS RECEIVED.

The Institution Quarterly. Organ of the Public Welfare Service of Illinois. Twenty-second annual Report of the New Jersey State Village for Epileptics, Skillman.

Treatment of Industrial Problems by Constructive Methods. U. S. Department of Labor.

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ORATION IN MEDICINE.

Delivered at the 153rd Annual Meeting of the Medical Society of New Jersey, at Spring Lake, N. J., June 25, 1919.

STOCK TAKING.

By Thomas McCrae, M. D.,

Professor of Medicine, the Jefferson Medical College, Philadelphia, Pa.

It is first my pleasing duty to thank you for the compliment of being asked to give the address in medicine. It is both a compliment and an honor of which I am thoroughly appreciative. In casting about for a subject it seemed preferable to choose a general topic rather than to discuss some special phase of a purely medical subject.

It is natural that at the present time an effort should be made to gain as much as possible from the experiences of the profession in the war. This is true not only of the more strictly medical and surgical problems but also applies to problems of education. There has been a good deal said and written of the way in which the members of the profession were found to be equipped for their work. Just as the draft gave an opportunity to take stock of the mental and physical condition of the youth of the country so the army work showed how efficient the profession was when put to the test. There were many men who welcomed the opportunity to "take stock" of the every-day working ability of the medical men of this country. If we may judge from what has been published the results in both investigations give us much material for consideration. Just as physical and mental deficiency was found in a considerable proportion of the men examined, so in the medical profession much less efficiency was found that might have been expected. There have been various articles published on this subject, some helpful, others of little value. To my mind one of the most suggestive studies has been presented by Dr. R. W. Lovett of Boston, in an article which appeared in the Boston Medical and Surgical Journal of April 10th, 1919. Dr. Lovett acted as a teacher, giving intensive courses for the instruction of military surgeons in orthopædic surgery. This gave him an opportunity of studying a large number of medical men of different ages and of varying degrees of surgical experience. In general they may be regarded as a group of men who have been working more particularly in surgery or orthopædics. These intensive courses gave an opportunity to study their general ability and find out in what particulars their education seemed deficient. It is significant that he apparently found more to blame than to praise. While this particular article deals especially with men engaged more in surgical than in medical work, yet the reports from the medical side are much the same.

Dr. Lovett considered that the defects practically classified themselves under three main headings, and these were found more or less evenly in men from many schools, from every state, of every age and degree of experience. He classifies these as follows:

1. "Superficial and slipshod methods of examination, a tendency to make snap diagnoses and in general no approach to thoroughness."

2. "An inability in most instances to think out a case on sound fundamental lines and to base treatment on meeting an established pathology."

3. "A lack of accurate or practical knowledge of anatomy, a very hazy knowledge of physiology, and often an incomplete understanding of pathology."

It is natural that we should make enquiry as to the reason for such findings and it is evident that such defects raise the

question as to the character of teaching which these men had as undergraduates. There is no doubt in my mind that every teacher who amounts to anything is anxious to know the results of his work and is only too glad to have constructive criticism. I fancy that most teachers who think at all about their work are constantly fighting against the very deficiencies in their students to which Dr. Lovett draws attention. I think, too, that every thoughtful teacher would agree that it is very difficult to keep students working in such a way that they avoid these defects. At any rate they are frequently in evidence to a greater or less extent.

It is perhaps of interest to discuss briefly some of the evidence which Dr. Lovett presents under the various headings:

1. *Lack of thoroughness and method in examination and diagnosis.* Here the criticism is that the tendency was to make a snap diagnosis without a complete examination. When two different conditions were present in a patient, one was almost invariably missed. As regards this, there can be no question that if slipshod methods have been taught to a student, it is only the exceptional man who will instruct himself to do better, but I fancy that the majority of these men had not been so taught but had degenerated into the use of careless methods as they grew older. This would place the blame, at any rate to some extent, on the faults of human nature rather than on their medical teaching. I can hardly agree with Dr. Lovett that a man who has once been thorough is not likely to fall back into careless methods. I am afraid that is what we are all apt to do, or at any rate the majority of us, unless there is a strong stimulus to do otherwise. The question is how this stimulus can be best supplied.

2. *Inability to think cases out logically and to base treatment on the pathological condition present.* This is after all merely an example of the difficulty that we have in teaching principles and trying to train our students to use them. If you discuss the *principles* of treatment in a given disease with any average class of medical students they will probably listen with some interest and some will profit from it; but if you give a prescription which they can copy, they do this eagerly. The reason probably is that a prescription is a specific thing which does not necessarily require any great thought to use. Only the teacher who systematically tries to do it knows how difficult it is to train students to work out clinical problems by using their knowledge of anatomy, physiology and pathology. And yet a great many of our everyday problems can be solved by these means without much knowledge of clinical medicine. You are familiar with the answer given by a great painter when asked how he mixed his colors: "With brains."

Dr. Lovett gives an instance in which a patient having chronic tuberculosis of the knee-joint with subluxation of the tibia was shown. The subluxation was recognized but in a class of thirty-five not one man was able to account for it on anatomical and physiological grounds. This certainly sounds very surprising and suggests that a great deal of the knowledge in the minds of these men must have been kept in absolutely "water-tight compartments." It would seem reasonable to suppose that a third-year student who had not known of the condition before, but knew his fundamentals, should have been able to work out the mechanism of its production. The knowledge was there, no doubt, but there seemed to be an absolute inability to apply it to the problem in hand. To my mind one of the most difficult problems of the teacher is to train his students to use the knowledge they already have in the solution of new problems. One sometimes wonders if, alter all, man is by nature a thinking animal.

3. *Lack of knowledge of fundamentals.* Of particular interest was the statement that in a class of twenty men not one answered correctly the question as to what the effect of a frature of the spine in the upper dorsal region and in the middle lumbar region, compressing but not destroying nervous structures, would be on the patella reflex.

These results make rather discouraging reading and are brought before you for consideration as a subject from which some benefit may be derived. It would be well if they could be brought before every physician in the country, but more especially are they important for those who are teachers. Some of you may say, "Well, that excludes me; I am not a teacher," but wait a moment and do not be too sure. Each one of us should be a teacher who has at least one student—himself or herself. If you look at the matter in this light each of us is concerned both as a teacher and a student. Certainly if the experience of Dr. Lovett represents an ordinary cross-section of the profession we should regard it as probable that such a test applied to ourselves would yield very like results. Such

a conclusion is not conducive to pride but rather to a profound humility which should results in a searching for causes and a desire to set things right.

It is easy to say that the teaching in the medical schools is responsible and there is no doubt that some of the blame rests there. There is no desire on my part to lessen the responsibility which every teacher in the country must assume, but to some extent the difficulty is farther back and preliminary education cannot escape some share of it. There is something radically wrong in the training with which the majority of students come to the medical schools. This is not the time to indulge in a dissertation on the subject of education, but there is one tendency which seems unfortunate—the desire to make school work easy and deprive it of hard tasks. There is always much to be done in the teaching of any subject to render it attractive, but you cannot train the mind without work any more than you can the muscles. Yet some people think that work in education by the pupil should be reduced to a minimum. There must be discipline of the mind if there is to be proper training. With many students one feels that he has the double task of teaching his subject and of teaching the student the first principles of how to work and think.

However, we are interested in the lessons for ourselves rather than in those for the teacher in a medical school. What is the advantage from these criticisms which we can use in our daily work, for it may be taken for granted that we all have the desire to be more efficient in our profession. If the criticisms made by Dr. Lovett and many others are just, and we have no reason to doubt it, it is our business to face the situation and try and mend matters. How can we do this? If a business is running behind it is important to take stock and know exactly what each department is doing. Hence the title of my paper. It is well for each of us to try and estimate just how thoroughly he is doing his daily work. This should not be difficult if one is in earnest and has an open mind. So much of our work is done alone that we lack the opportunity of comparison. Perhaps if we could see how much more thoroughly our neighbor does his work it would be a stimulus. But surely it should be possible to hold up a mirror to see ourselves, not for self-gratification, but for strict and searching analysis. As regards the improving of our work, to give the answer in two parts I should say, first, that we try to make our methods of working and thinking more efficient and do not forget principles and, secondly, that we use our knowledge of the fundamentals, especially anatomy, physiology, and pathology. We are fond of preaching to the medical student that these are the foundations on which he builds his knowledge of medicine, but why stop with the student? Are these branches of knowledge any less important to apply to the problem in our offices than they are to the problem in the hospital? Let us consider a few examples. How many of us have kept up our knowledge of the physiology of the gastro-intestinal tract so that we realize, for example, the influence of the sympathetic system on it and have this in mind in treating a patient with digestive disorder. Take the group of patients in whom constipation is due to spasm of the colon. In such patients the giving of certain purgatives aggrevates the condition, yet how many of us have this in mind in prescribing this class of drugs. The problem of low blood pressure brings up many questions, but without a knowledge of physiology and the application of it many such cases will escape proper solution. Perhaps there is no more fascinating group of disorders than those associated with disturbances of the glands of internal secretion. You cannot work on these by any rule of thumb and unless you have a proper knowledge of function the problems are impossible of solution.

The temptation to use this last example at greater length cannot be resisted. To the man in general practice comes the opportunity to see many of these cases at an early stage when much more can be done for them than later. Take for example, disturbances of the pituitary gland. In some degree these are comparatively common, but how often are they recognized at an early stage? Take the disturbances of the menopause which have received so little serious study. We know how many they are and in the matter of blood pressure alone, we have a most varied series of findings. The explanation demands a thorough knowledge of the function of many organs.

The term *function* includes much and we do well to remember that it is not all included under what we term physiology, for chemistry must be given equal if not greater importance. Take for instance the question of acidosis, about which we talk so easily but really understand—so far as our pres-

ent knowledge goes—probably only a little. How can we have any proper appreciation of what it means without knowing something of the fundamentals? Take the application of this in deciding as to the proper diet to use in some of the cases. How many of us know what foods are acid and which basic in the body, and yet how essential this is for proper treatment of some conditions. If this was studied a little more carefully we would not have patients coming and saying, "My blood is too acid. I have been told not to eat grapefruit and oranges."

The trend of progress in medicine is towards the more careful study of disturbed function, and properly so, but we must not forget that a knowledge of anatomy and pathology is important as well The advance in our knowledge of cardiac disease is a case in point. A man might study the subject entirely from the functional side and know a great deal of what is essential in the management of cardiac disease, but he would lack much in not knowing the other aspects. The objection may be urged that much of the newer work is too complicated and technical for the average man to understand. No doubt for many of us there are certain problems—in chemistry for example—which are very technical, but it is surprising how much can be done if one has the will to try and master them. In some subjects we have the matter boiled down for us and put in a way which we can use in our daily work. Take, for instance, the work of Thomas Lewis on "The Clinical Disorders of the Heart Beat." In this the results of complicated work are put so that there is no difficulty in understanding the every-day applications at the bedside. For example, take auricular fibrillation. How good an examination could we pass on this? It is something which the majority of us are seeing every day, and yet there are many who have no realization of what it actually means. With earnest effort it does not require much time to master the essential facts and this accomplished our ability in prognosis and skill in treatment are greatly increased.

It is human nature to welcome ready-made knowledge. But we should endeavor to work this over ourselves so that it really becomes part of us. Much of what we received in lectures in our student days we should now regard as "predigested food." Our digestive organs would not function properly if they were given no other nourishment. So we should determine that we are going to digest our own knowledge—not meaning by this comparison that no help is to come from others. Food is rendered palatable by proper preparation, but we must digest and absorb it ourselves if we are to be nourished. As we advance we must be tearing down and building up in our ideas and knowledge just as in the metabolism of our cells. The mental structure of the young graduate should not be unchanged by years of work and experience. We often refer to many years of experience as if they implied knowledge, but there is a sad fallacy in this. A man may be the worse by every added year of experience if he is not developing on proper lines. One may travel, but he does not reach his destination unless he is headed in the right direction.

To return to the text—the inefficiency which was found in a picked corps of medical men—what can we learn from it? The first suggestion is to take stock and try and realize how much these criticisms apply to ourselves. It may not be a pleasant process but it should be a salutary one. It is not always easy to take stock of ourselves, to estimate how well or how badly we are doing the day's work, but it is well worth the effort. Suppose that for a period of ten days we try to estimate how thoroughly we have done each day's work. In going over the list of patients in the evening it is possible to decide whether we have done our full duty by every one. Was this examination thorough? Did we fail to do nothing more than auscultate in examining a thorax? Should the urine and sputum of that patient have been examined? Were we content to make a diagnosis from symptoms without a proper examination? Did we miss some essential fact in that examination? Were we content to make a diagnosis which was only the recognition of a symptom? Perhaps no single point will give us more information than a study of the diagnoses made. Have we been content with careless terms which mean little or nothing? We all know them—such designations as "billiousness," too much acid or uric acid," "rheumatism," "auto-intoxication," "ptomaine poisoning," "gastritis," etc. Now if we have made any such diagnoses that is a point to discuss with one's self. Try and face exactly what we mean by the use of such terms and we soon realize that many terms often used as diagnoses are no more than names and mean really very little. If we can grasp this the next step is to decide that we will try and find some name

that does mean something. This means a more thorough study of that patient, and a study so thorough that we are satisfied that we have got to the bottom of his case or recognize that we need assistance. In either case we have reached something definite. If we only come to the conclusion that we do not know, we are somewhere, and if there is any degree of intelligent curiosity in our make-up, we will be stimulated to try and arrive at some positive conclusion. If there is no "intelligent curiosity" in us, it would be well to give up medicine.

How can one aid in the solution of the every-day problem? The answer to this might be explained at great length, but my suggestions are few. First is the need of thorough work. We all know what this is and we can do it if we are determined on it. A post-graduate course may be a help, but each of us can give his own course. Any man can improve his work if he really wishes to do so, but there is no short road to it. Hard work and system are the secrets.

On the other side I should suggest that we all go back to the fundamentals more often than we do. As to anatomy, there is a prevalent idea that we can get on without much of the anatomy we learned as students. Yes, we can, but we should keep up with what is necessary in our daily work. Taking medicine alone, how many of us have a clear notion of the position of the fissures of the lungs? Yet we may have to use that knowledge to-morrow in diagnosing an inter-lobar empyema. How often we have the problem of determining the cause of pain, but come to it poorly equipped because we have forgotten much of what we learned about the nervous system. Take the subject of referred pain—that red herring so often drawn across the track which leads to a correct diagnosis—and how many of us are alert to all the possibilities. Take sciatica, for instance, which is nearly always secondary to disease elsewhere, but how many of us recognize this fact? A knowledge of anatomy and the ability to use it are often essential to a proper diagnosis.

Of physiology and physiological chemistry much might be said in the same way. We would all do well to read a good textbook of physiology once a year. I do not know how many of you have tried it, but those of you who have were doubtless surprised to find how much of it you were able to apply to the problems of daily work. Take the disturbances of the digestive tract and how much light is thrown on them by a knowledge of the normal function. As to pathology, an occasional review of some of its problems would perhaps render us less credulous in accepting much of the advertising material which comes to us.

In conclusion I trust that the idea has not been given that this is intended as a sermon. It is not meant as such, for this problem of lack of efficiency in the finished product of our medical schools must make every teacher take stock of his own work very seriously. But the lesson is for each one, and with our deficiencies shown to us, the sensible thing is to try and remedy them. That each one of us can do much for his own problem I firmly believe, and this is to be done, not by any spectacular method, but by the determination that each day's work is going to be done as well as it is in our power to do. With this should go the determination that next month will find us doing better work than we do to-day. The way is straight before us, and like most of the important things in life, the methods are simple. But the simple things are not the easiest ones to accomplished. You remember Naaman the Syrian who when told to wash in Jordan said, "Are not Abana and Pharpa better than all the waters of Israel?" but his servant answered, "My father, if the prophet had bid thee do some great thing, wouldst thou not have done it?" We may try to apply to ourselves and to our own development the lines

"For at our heels a fresh perfection treads
Born of us, fated to excel us."

THE MEDICAL SERVICE IN A BASE HOSPITAL.*

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When I was invited to read a paper at this meeting, after thinking the matter over, it occurred to me that you might be interested in an account of a few of the medical conditions and diseases seen rather commonly in military hospitals, but comparatively seldom in civil practice, with some additional observations on medical subjects, occurring to my mind after nearly 18 months of service in the Camp Dix Base Hospital.

The hospital was in command of a regu-

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lar army surgeon, with rank of Lt.-Colonel. His duties were largely administrative. He had an assistant, and the hospital adjutant performed the duties of private secretary.

An U. S. army base hospital is divided into three services—medical, surgical and laboratory. The surgical service includes head surgery and genito-urinary surgery. The medical service includes the neuropsychiatric and convalescent departments; but this arrangement at Camp Dix was not observed; each one of these services had its own chief and was run independently of the other services.

All chiefs of services and department heads met daily in the office of the commanding officer. At this conference military orders pertaining to the hospital were given out, matters of discipline and routine measures discussed.

There was also a daily meeting of the medical officers attached to each service, presided over by the chief of the service, where matters pertaining particularly to that service were discussed. At these con ferences interesting cases were sometimes shown and clinical lectures given.

A general officer-of-the-day selected daily from the younger officers in turn, answered general emergency calls, made tours of the whole institution, inspected the food supplied the patients and the men of the detachment, and made a written report to the commanding officer at the termination of his 24-hour duty.

A special officer of the day was appointed daily from each service. He was required to answer night requests for consultations from other services, to respond to emergency and night calls, to make complete rounds of all wards belonging to his service, and to present a written report to his chief at the termination of his tour of duty.

Normally the Base Hospital had accommodations for 2,200 patients. We had fifty wards, 38 of which were single story and 12 two story. The single story wards accommodated 38 patients each, except in the acute influenza and pneumonia wards, where the number was reduced to 27. This was done to allow 100 sq. ft. of floor space for each patient. The two story wards accommodated 64 patients each, and were used for convalescent patients who were able to walk to the mess hall for their meals. All wards have porches on the southern and eastern sides, and by using these, the hospital capacity could readily be expanded to 3,000 beds.

The Medical Service was always the largest. Usually two-thirds of all the patients in the hospital were in the Medical Service.

The Medical Service was subdivided and the patients grouped in wards as follows: Observation; acute respiratory conditions other than pneumonia; (this group included influenza cases); tuberculosis; contagious; pneumonia; focal infections; general medical; cardio-vascular and nephritis; gastro-enterology.

Effort Syndrome.—The draft was a great drag net. Types of all kinds of young men, of greatly varying degrees of mental and physical efficiency were by it brought quickly and forcibly together from all parts of the country. In the various cantonments they soon settled by a natural process into various strata, and the lowest, made up of the physically and mentally unfit, shortly found their way to the military hospitals.

The largest class of these defective individuals, seen in the army, is the "Effort Syndrome" class.

The soldiers in this class present perfectly typical symptoms. These are: inability to drill; dyspnœa on exertion; præcordial pain; *exhaustion;* dizziness, giddiness or fainting; palpitation; orthopnœa or smothering at night; headache; insomnia; nervousness. The condition has been variously designated; disordered action of the heart; cardiac palpitation; irritable heart; functional cardio-vascular disorder. As the condition produces symptoms mostly subjective, for the most part without physical signs or pathological lesions; and as an exhaustive study of the heart, aided by our various instruments of precision, including the electro-cardiograph, fails to show any organic lesion either of the heart valves or muscle, the above nomenclature is faulty. Furthermore it was found to be an error to allow these patients, all of them more or less neurasthenic and introspective to get the impression from the diagnosis that they really have some cardiac disease. Various other diagnoses have been suggested, such as: neuro-circulatory asthenia, neuro-circulatory myasthenia, and effort syndrome. The latter diagnosis is accepted by the British War Department. Inasmuch as the condition is first brought to the attention of the army medical officers after exercise or attempts at drill this designation seems to me the most appropriate, although "functional cardio-vascular disorder" is still the accepted nomenclature of our Surgeon General's office.

Heredity plays an important part in this condition, as the family history if carefully

gone into, often shows some neuro-psychiatric taint.

This interesting group, for the most part constitutional neurasthenics, masquerading as heart cases, have been classified by Major Peabody and his co-workers in General Hospital No. 9 at Lakewood, as follows:

Group 1. The constitutionally inferior, which is by far the largest group. These men have led a life of more or less physical invalidism. They do not know how to laugh, play or enjoy themselves. There was evidently something wrong with the mesoderm. Their parents have been told by the old-time family doctor that they have heart disease, and that activity is dangerous. They have been taught from childhood to avoid exercise. Their musculature is soft and flabby. Sustained effort brings on symptoms of impending cardiac death. It is difficult to persuade these men that they have no organic heart disease. When so informed, they look at one incredulously. The hands are cold, wet and tremulous. They are emotionally and instinctively unstable, with lack of self control, often with intelligence defects. These men in civil life follow unmanly professions or occupations; and are content with low salaried positions; they are boot-blacks, drivers of garbage wagons, cab drivers or hold various floating jobs.

Group 2. The physically inferior. These are of a higher type than Group 1. They may be used in limited domestic service but break down under severe physical strain. They are mentally and morally normal but lack physical stamina.

Group 3. The neurotics are in this group. They faint at the sight of blood or the prick of a hypodermic needle during an inoculation. They often show hysterical manifestations. They may have attacks of neurotic vomiting.

Group 4. The emotionally sensitive. The past life and history of these men may be normal. They are ambitious and have plenty of pep. Very often they have entered the army as volunteers. They "carry on" well at first, but break under severe sudden mental strain. They may last up to the front line trenches, but finally succumb to shell shock. They get palpitation, dizziness, become mentally confused and helpless.

Group 5. The epileptics, and others who have some neurological basis for their condition, such as nerve damage from diphtheria, basal meningitis, etc., are in this group. These men are really damaged individuals, while those in the previous groups are defective, mentally or physically.

Group 6. The post-infectious cases. There is a history of an infection. This must not be too trivial or too remote. These cases require careful study to rule out some definite organic disease,—such as aortic or mitral insufficiency, or myocarditis. The cases belonging in this group may have some disturbance of the rate controlling mechanism of the heart due to their previous infection. A carefully taken history of previous illness is of the utmost importance in the proper classification of this group. Such cases may follow rheumatism, diphtheria, *whooping cough*, syphilis, scarlet fever, pneumonia, typhoid fever or tonsillitis. One must also be careful to exclude such diseases as tuberculosis, hyperthyroidism, pernicious anæmia, and diabetes mellitus, all of which would produce symptoms such as are associated with effort syndrome.

Effort Syndrome cases rarely give a history of excess in the use of alcohol or tobacco, or in venery. Usually they have discovered that alcohol, tobacco and venery increase their discomfort and after one or two unpleasant experiences they voluntarily decide it is better to leave them off.

The prognosis as regards salvage among these men in the army is poor. It is useless to try to make normal soldiers out of this kind of material. Some may be used for limited domestic service. The only treatment of value was found to be graduated courses of exercises and physical training extending over a long period.

Since leaving the army I have seen several cases of this condition in private practice where the symptoms undoubtedly were the result of the absorption of toxines from the large intestine. I now believe that if stool examinations had been thought of and were practical, many of these effort syndrome cases met with in the army would have been shown to have been in reality cases of "toxic colon." The stool shows in these cases very constant findings; high acidity, large amounts of the putrefaction elements, indol and skatol, and almost entire absence of the normal bacterial flora. The treatment recommended by Conellan and others of New York City I have found most satisfactory; i. e., alkalinization of the colon by carbonate of soda injections followed by the implantation of live cultures of the colon-bacillus.

Graves' Disease—Another disease met with somewhat frequently in the army is

hyperthyroidism. It is often difficult to differentiate between this condition and Effort Syndrome, as many of the latter have palpable thyroid glands, and many severe cases of thyrotoxicosis are met with where the gland is not noticeably enlarged. The Goetsch test with adrenalin was thought to be a sure guide in diagnosing the condition, but many Effort Syndrome cases are now known to have adrenalin sensitiveness. The test consists in injecting hypodermically ½ c.c. of a 1 to 1000 adrenalin solution. The test is positive when there is increased heart rate, sweating or other vaso-motor disturbances. It is only the border line cases that are hard to differentiate. The well marked cases are easily recognized. They have the "thyrotoxic facies." There is persistent tachycardia, the pulse rate is continually high, even during sleep, whereas in the effort syndrome cases, the pulse comes down rapidly when the patient is placed at rest in the recumbent position. Tremor, flushing and sweating are almost constant symptoms. There is a history of comparatively sudden onset, following previous normal health in Graves' disease, whereas the Effort Syndrome cases have never been quite normal. The hyperthyroids do not feel happy in bed, owing to their extreme nervousness, and it is difficult to secure their consent to the enforced rest and quiet so necessary to the treatment of the condition. The Effort Syndrome cases go to bed very readily and rather enjoy being made invalids of. Major Peabody has shown that the real test and the only one reliable test known thus far is the basal metabolism test. In Graves' disease it is high, often up to 60 or above, whereas in even severe functional heart disorders (Efiort Syndrome),. basal metabolism is not increased. There has been no evidence whatever to show that Effort Syndrome is the result of increased thyroid action. Blood sugar tolerance, blood co-agulation time, blood pressure and acidosis tests have been shown by Peabody to be of little or no value as aids to differential diagnosis.

In the treatment of hyperthyroidism we did not advise either removal of the gland, artery ligation or any other operation. Prolonged mental and physical rest, with perhaps Roentgen ray exposures were found to be the most satisfactory treatment.

Status Lymphaticus.—Another condition met with less frequently is that of Status Lymphaticus. A number of cases of sudden death on the operating table, or during minor surgical procedures, where the autopsy has revealed nothing unusual except a persistent thymus gland ,occurring in various army cantonments, taught us to be on the alert for the early recognition of this condition. The feminine build of the pelvis and thighs, absence of hair on the chest, small undeveloped genitals, would be sufficient evidence of the condition to justify further observation and study before subjecting such a patient to any operative procedure.

Meningitis.—We rather prided ourselves on the ability of our admitting officers to recognize and diagnose cases of meningitis. Our medical officers were repeatedly cautioned to be on the alert for the detection of a "stiff neck" in every febrile case, with the result that our meningitis cases were isolated promptly, and had the first lumbar puncture and intra spinal administration of serum within two hours following admission. Most of our meningitis cases were recognized by the admitting officer in the receiving ward. I think it was due to this fact that our meningitis mortality rate was so low. Every suspected case had his spine punctured and if the fluid appeared at all cloudy, serum was administered while the needle was still in situ. At the same time a desensitizing dose of 5 c.c. of serum was given subcutaneously. If the withdrawn fluid was found to contain the meningococcus, 60 to 100 c.c. of serum were give intravenously, and this treatment, intra spinal and intra venous, repeated every 12 to 24 hours until the spinal fluid and blood were shown to be sterile on culture.

Tuberculosis.—A moderate number of cases of tuberculosis, mostly pulmonary, were treated in our wards. Some of these were fairly active cases which in some unexplained way got past the local boards, should never have been accepted and were undoubtedly injured by the military life. Others were latent cases which took on activity, possibly as a result of the strain of the soldier's life, and a few as a result possibly of the reaction from the typhoid prophylactic inoculations; and a very small number of cases that developed "in line of duty" after mustering into the army.

These men were given their choice as to whether they were to be discharged to their homes or sent to some one of the various hospitals maintained by the government for the treatment and care of tubercular soldiers. Most of our cases elected the latter course.

A reference to tuberculin therapy may be interesting here. The Surgeon General's

office is opposed to its use both as a diagnostic aid and in treatment. It is a well recognized fact that a positive reaction to tuberculin, especially in the young adult is not a proof of the presence of active, clinically important tuberculosis. Tuberculin only demonstrates activity of the tuberculous process in the clinical sense when it can be shown to produce a focal reaction; such reaction is not without danger. Since therefore, tuberculin rarely leads to a correct diagnosis and may do injury, its general use in the diagnosis of tuberculosis in examinations for enlistment in the army is specifically prohibited. Any practitioner of ordinary ability should be able to positively diagnose tuberculosis on the clinical history, the physical findings, the examination of the sputum and last, but by no means least, with the aid of the Roentgen ray. The writer believes it is a very poor practice to assume that every patient who consults us complaining of poor vitality and physique and indefinite symptoms has tuberculosis, simply because he gives a reaction to tuberculin, and to start such a patient on a long course of tuberculin inoculations. This patient may be only a neurasthenic, or he may be a functional cardiovascular case, or have poliglandular insufficiency, or diabetes melitus, or pernicious anæmia, or thyrotoxicosis, or some other obscure ailment. The majority of our cases of pulmonary tuberculosis, if they are going to get well or be arrested, will improve with proper hygiene, by which I mean a suitable mode of living and diet, just as rapidly without tuberculin as with it,—in many cases more rapidly,—and be saved the danger of positive injury from inoculations given by careless or inexperienced practitioners.

Pneumonia.—All cases of pneumonia whether broncho or lobar were investigated by laboratory tests to determine the type. The white mouse was used in nearly all cases and was often of value in the determination of the type.

Serum was given only in type I. cases. It was administered intravenously, always after careful desenstitization to prevent anaphylactic shock. The dosage was from 60 to 100 c.c. at twelve hour intervals until the temperature of the patient remained below 100 deg. F.

Empyema.—Our experience taught us that early operation is not advisable in empyema. Aspiration with the Potain apparatus was resorted to when fluid was demonstrated to be present in the pleural cavity, unless the fluid was shown to be sterile in which event it was not removed. Aspiration may be repeated at 2 to 4 day intervals. Many patients did well and recovered under this plan of treatment. In the cases where a costectomy was later deemed advisable the patient's chances of recovery were very much enhanced by delaying the operation until the acute stage of the disease had been passed, and the patient had begun to immunize himself.

Influenza.—We do not believe that influenza vaccine made up of the Pfeiffer bacillus is of the slightest value either as a prophylactic or a curative agent. We do not believe it is possible to immunize against the grip, and we doubt if the recent epidemic was really caused by the Pfeiffer bacillus. It was perhaps due to some filterable virus or ultra microscopic organism not yet discovered.

The prophylactic vaccination against pneumonia on the other hand has given very encouraging results. We used a lipo vaccine made up of 10,000 million of each of the three types—1, 2 and 3—of the pneumococcus. One inoculation given subcutaneously is required. We inoculated about 16,000 soldiers, only one of whom has since developed pneumonia. This man was taken sick the day following his inoculation and had been infected undoubtedly several days prior to it. He had a very mild attack and made a rapid recovery. Observations at Camp Upton confirm our findings and show also that there is a very low incidence of streptococcus infections among the vaccinated, indicating probable cross immunization.

PRINCIPLES OF BLOOD AND URINE CHEMISTRY.

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Through the researches of Folin, Dennis, Benedict, Van Slyke and many others, the once difficult blood analysis has now become comparatively easy. The non-protein nitrogen constituents of the blood can be examined in toto or separately.

The progressive general practitioner knows that such work is performed and applied for the diagnosis, prognosis, and treatment of metabolic diseases, but the why and wherefore is beyond him. This is because his knowledge of chemistry is only a shadow of the past; he cannot study chemistry, for

it is a task in itself to cope with the numerous researches that more intimately concern him during his daily routine practice.

With this point in view, I have tried to gather the most important facts which go to make up the fundamentals of this new work.

Histology of the Cell.—The cell is made up of nucleus and protoplasm; one is complementary to the other, but while the protoplasm cannot exist alone, the nucleus can for a time at least. The nucleus consists of an achromatic (non-staining) substance, chromatin, and nuclear fluid. Less important are the nucleoles, vacuoles, and crystals; the last mentioned are products of nuclear activity. Some cells contain more than one nucleus. The protoplasm consists of a cell wall which in reality is a concentration of the endoplasm (plasma proper) at the periphery. The cell sap is a fluid substance and contains paraplasmic substances, such as food particles to be cast away, crystals or granules produced by the cell and salts.

Physiology of the Cell.—The most important functions of the cell are growth and reproduction. The nucleus being the dominating part of the cell, growth and reproduction cannot occur without it. Nevertheless, the nucleus alone cannot perform these two important functions in the absence of the cytoplasm, for it cannot act directly with the medium around the cell but only by the agency of the cytoplasm. On the other hand, the cytoplasm can, independently of the nucleus, perform functions of lower vital activities, such as respiration, absorption, motility and contractibility.

That the nucleus plays the most important part in metabolism, is exemplified by the significance of Nissel's granules, which micro-chemical methods have shown to consist of an iron containing protein. These granules are accumulated, discharged and used up in the expenditure of energy in the cytoplasm. They are easily demonstrated by staining the nerve cell with methylene blue. If the nerve cell be stained in animals in whom epileptic attacks have been induced, these small bodies are found to be absent, or at least broken up into dust like particles. To quote Halliburton, "It can hardly be denied that the substance of which the granules are composed, forming as it does, so large a proportion of cell contents, and made of a material in which nuclein forms an important constituent, is intimately related to the nutritional condition of the neuron." Marinesco expressed the idea that these granules are concerned with a source of energy. May it not be assumed then, that the functional neuroses are the expression of defective workings in these granules. It may not be amiss to state that once too often the neuro-pathologists have failed to demonstrate any morbid changes in the cerebro-spinal system in cases of neurosis proper.

It has been known that the salivary cells during the period of rest accumulate granules in their nuclei, which in turn are discharged and used up in the cytoplasm during the period of activity (salivary digestion). The prezymogens (ferments) are given off from the nucleus to the protoplasm forming zymogens, which in turn are given up by the cytoplasm as specific secretions.

Adami summarizes the conception of the physiology of the cell as follows:

1. The nucleus is the dominating part of the cell, which cannot act save in association with the cytoplasm.

2. The nucleus initiates growth, reproduction, and often function, and reacts upon the cytoplasm, taking substances from it and yielding substances to it, but not acting directly upon the medium which surrounds the cell.

3. The protoplasm takes up and acts upon matter from without and gives out in turn other substances; this it does partly on its own account and partly as intermediary for the nucleus.

4. It can be mobile and contractile.

5. Lastly, we only mention another important class of activity, the production of organic ferments by cell metabolism; these can be discharged from the cell and can act as intermediate bodies between the external medium and the cytoplasm.

Proteins.—These substances were first designated by Liebig as the building stones of the body cell. They are complex structures, and to go into detail would only serve to confuse us. The analyzed hemoglobins afford the simplest formulæ. On the whole, proteins are complex compounds of C. H. N. O. and S.; some contain Fe and P. The molecules are so large and complex that they remain in a colloid state, incapable of crystallization. Carbon, Hydrogen, Nitrogen, Oxygen and Sulphur; some contain Iron and Phosphorus.

The digestion of a primary protein starts in the stomach. Here the action of pepsin in the presence of HCl, breaks them up into acid metaprotein, prepeptone (proteoses) and peptones. In the small intestine by the action of trypsin, derived from the pancreas, the proteoses and peptones are further split into the simpler compounds of polypeptids and amino acids. The polypeptids are link-

ages of amino acids, the amino acids being the simplest compounds. Now the proteins are ready to be absorbed. The smallest quantity of amino acids is used up by the body cell, the largest quantity is split into ammonia which combines with carbonic acid of the blood forming urea in the liver. The best known amino acids are: Leucin, tyrosin, argynin, aspartic acid, glutamic acid, hexon bases, ammonia, and substances called tryptophanes. It is thought that the tryptophanes are the essential nutritive materials of protein constituents, and it is the absence of these that make gelatin an improper substitute of protein and cause beriberi in those that eat polished rice.

Fats.—The most conspicuous use of fats in the body is to act as reserve fuel. These may be formed from carbohydrates, but there is still a question whether they may be derived from proteins. Fats are split in the intestine by the lipase (fat enzyme) into fatty acids and glycerin and are absorbed as such. That which is not used immediately, passes through the chyle and blood, synthesizes into fat again and is stored up in the reticulum of adipose tissue. When the fat leaves the adipose tissue for utilization, it is again split into fatty acids and glycerin; these two are oxidized by the intake of oxygen in the lungs into beta-oxybuteric acid and acetacetic acid, and then splits into carbon dioxide and water. In diabetes mellitus, the aceto-acetic acid instead of splitting into carbon dioxide and water, forms diacetic acid from which acetone is derived. The fat stored in the liver probably goes to make up the lipoids, which are compounds of fat plus nitrogen and phosphorous and are used by the tissue cells, and some of it converted into lecithins and cholesterins. Just what takes place in the cell in appropriating these small complex fats is a difficult problem. The fact is that they are extensively distributed in the cell as proteins are and that they are essential to life.

Carbohydrates.—The function of the sugars is to supply energy to the tissue cell. This is accomplished by oxidation and the liberation of carbon dioxide and water. The main source of animal glucose is vegetable starch. In plants, carbohydrates are synthesized through the chlorophyll from the simple materials, carbonic acid and water. The first substance formed is probably formic aldehyde, and this by condensation is converted into sugar and then starch.

The digestion of starch begins in the saliva by the agency of ptyalin; it is split into achroo-dextrin and erythro-dextrin. The gastric juice converts some of it into matose, but this process is continued and completed in the small intestine. Here maltose is changed into glucose, absorbed as such and stored up in the liver and muscle in the form of glycogen. It seems that the energy required by cells other than muscle cells is derived from the liver alone. The liver supplies it to the blood in the form of glucose. Whether it is a different enzyme that converts this glycogen into glucose again or is the original enzyme with the capacity of reversible reaction, is not as yet settled. The muscle energy being of greater amount, stores up its own supply. Lactose, a compound of galactose and dextrose, pentoses, and glucosamines are other important animal sugars, but our knowledge of these is only speculative.

Salts.—Chief of the salts are the chlorides, sulphates, carbonates, and phosphates, which on the whole enter the body as such. The chlorides besides combining with the hydrogen of the proteins to form HCl for the gastric juice, serve the useful function of stimulated metabolism and secretion. The sulphates are principally those of sodium and potassium. They have a bitter taste, hence we do not take food that contains them. They are derived from the metabolism of the proteins, the sulphur of which appears in the urine partly as ethereal sulphates and partly as not fully oxidized sulphur compounds known as neutral sulphur. The ethereal sulphates are derived from putrefactive changes in the intestines. Here sulphuric acid is formed from the hydrogen of the split proteins and from the sulphates, forming aromatics, chief of which are indol and skatol. These aromatics are very poisonous, but their conversion into the ethereal sulphates in the liver renders them harmless. Both indol and skatol yield indigo, its detection in the urine is an index of the amount of putrefaction in the intestines. The carbonates serve the important function of making the tissues alkaline and play an important part in the prevention of acidosis. We shall speak more in detail of them in connection with acidosis.

Enzymes.—We know comparatively little of enzymes. They are inorganic and organic. Examples of inorganic enzymes are gold and platinum. We shall dismiss this class because it does not concern us. The organic enzymes must be numerous, but we are acquainted only with comparatively few. Yeast is probably the oldest known one. We have already alluded to the enzymes elaborated by the cell of the body, now let us consider what is known of their nature.

Enzymes are endogenous and exogenous. The endogenous are those that act within the cell, our knowledge of them is highly speculative. The exogenous ones are those which act outside the cell, for example as pepsin in the stomach, trypsin in the intestine, etc. The enzymes are specific, and act at an optimum temperative of 40° C, some at 60° C, but 50° C is generally fatal to most of them. The majority of the enzymes are hydrolytic; that is, water is needed to split the fermentable substances into simple compounds. The mode of action is thought to be catalytic, namely, the enzyme has power to induce a chemical reaction more rapidly, but is not changed itself. This chemical reaction normally occurs in the fermentable substances, but is so slow that it cannot be detected. In other words, an enzyme increases the rapidity of chemical action. The fermentator (enzyme) is able to act indefinitely provided enough time is given and the products of reaction removed Adami thinks that an enzyme acts in the following example:

$$H_2SO_3 + HNO_3 = H_2SO_4 + HNO_2$$
$$HNO_2 + O = HNO_3$$

It can be readily seen that to change sulphurous into sulphuric acid, an atom of oxygen is taken from nitric acid, which becomes nitrous acid. Nitrous acid extracts an atom of oxygen from air or some other source and the cycle is again performed indefinitely.

Metabolism of the Cell.—The absorption of protein from the intestine is in the form of polypeptids and amino acids. An insight of their metabolism is illustrated by Adami. Each amino acid is amphoteric, that is it has both acid and basic properties. Let an amino acid be represented as having a hook (acid radicle) and a ring (basic radicle). One can see that a linkage into a circle is formed by the attachment of hooks and rings. The amino acids that are destined to replace those that fall in the struggle are attached by their hooks on the body of these. As the struggling one falls out, the one that is attached to its body immediately replaces it, and thus the chain goes on forever as long as life exists. If one visualizes the amino acids as of various colors, he can understand the individuality of each protein molecule. The amino acids that replace each other are constantly in motion in the field of the cell much like a birds-eye view of a fair. What determines this constant change is not known. Are they enzymes? The force which keeps the amino acids in motion is the liberation of energy from carbohydrates and fats.

Urea.—As we have already indicated above, the smallest portion of amino-acids are metabolized in the tissue cells, and the substances discharged are ammonia, creatinin, and a certain amount of urea. The greatest amount of amino acids is made to discharge ammonia, which combines with carbonic acid of the blood and is converted into ammonium carbamate in the liver. The loss of a molecule of water from this forms ammonium carbonate, the further loss of a molecule of water forms urea.

Ammonia.—A small quantity of ammonia is eliminated through the kidneys because a portion of blood containing it passes through the kidney before reaching the liver. Under normal circumstances, the amount of ammonia depends on the adjustment between the production of acid substances in the body and bases in the food. Ammonia is more toxic than urea, hence the necessity of urea formation.

Uric Acid.—Uric acid is a derivative product of metabolism in the nucleus. The composition of the nucleus differs from that of the cytoplasm; it contains no potassium, no carbohydrates, and generally speaking no fats, but on the contrary phosphorous 2 to 9%), iron in complex radicles. Nuclein splits into albumen and nucleinic acid. Nucleinic acid further splits into purin bases which are: hypoxanthin, xanthin, adenin, guainin and uric acid. The existence of phosphorous and the xanthin bases group constituents the difference between the nucleus and the protoplasm. The change into uric acid is brought about by enzymes; the first of these, nucleas, is found most abundantly in the liver and spleen. It splits from neuclein, purin bases, adenin and guanin. Adenase and guanase then convert these into xanthin and hypoxanthin. Finally oxidase, a type of enzyme, convert these two into uric acid. Urolytic enzymes break uric acid into less toxic substances, which are not as yet clear to us. The undestroyed uric acid appears in the urine in the form of urates. In gout and allied conditions there is an increase of uric acid. A small amount of this may be destroyed, but the excess of this escapes as free uric acid through the urine. There is a tendency to the deposition of urates in certain parts of the body, joint cartilage especially. The many theories in relation to the uric acid diatheses will not be discussed here. However, we might assume that the enzymes already enumerated are defective or absent.

Creatinin.—Folin has shown that creatinin in the blood is the only substance which is a reliable index of the cell metabolism. Aside from this we know nothing except the following hypothesis: Creatin products of protein katabolism, the nature of which is uncertain, are carried by the blood to the liver, and from these the liver forms creatinin; this is transported to the muscle, and is there stored up as creatin. When the muscles are saturated with creatin, excess of creatinin is then excreted by the kidneys. The small amount of creatinin excreted in disease of the liver also supports the view that the organ is responsible for creatin formation.

Acidosis.—Hawk defines acidosis thus: "Acidosis may be considered as a condition brought about by the excessive withdrawal of bases through the formation of acids within the body." There is very little difference in reaction between tap water and distilled water; yet if such difference of reaction existed in the blood, it would be fatal to the animal. The acids that are produced in the organism are beta-oxybuteric acid, acetoacetic acid, acetic acid, and acetone (acetone bodies). These acids are produced in diabetis mellitus especially, severe nephritis, diarrhœa of children, recurrent vomiting, food intoxications, etc. One must remember that even in the most severe acidosis there is but slight alteration of the normal slightly alkaline reaction of the blood.

I shall quote Hawk's very clear description of the mechanism of acidosis. "Let us examine into the factors which the blood calls to its aid in maintaining its accustomed reaction in the phase of normal or abnormal acid production. In this connection we must consider: (1) Sodium bicarbonate and carbon dioxide which are present in proper quantity to yield a nearly neutral reaction; (2) the acid monosodium hydrogen phosphate and the alkaline disodium hydrogen phosphate which also are present in proper proportion to yield a similarly nearly neutral reaction as that formed by sodium bicarbonate and carbon dioxide; (3) the proteins which are amphoteric and therefore combine with acids or alkalies without changing the reaction. The carbonates of the blood are of prime importance in maintaining the constancy of reaction and have been termed 'the first line of defense.'" The carbonates which are left over after they have neutralized acids under normal conditions are referred to by Van Slyke as the alkali reserve. "Carbon dioxide is being constantly formed in the tissues; this is carried by the blood to the lungs and eliminated in respiration. Every twenty-four hours an average adult eliminates in this way carbonic acid equivalent to several hundred cubic centimeters of concentrated HCl. If we could hold our breath for a sufficiently long time while the circulation continued normally, we would finally reach a point when the carbon dioxide concentration would be the same in the alveolar air as in the blood and tissues. The process of respiration lowers the concentration of carbon dioxide in the lungs. This in turn permits the entrance of carbon dioxide from the blood into the alvedi of the lungs and a consequent lowering of the blood carbon dioxide permits the entrance into the blood of carbon dioxide from the tissues where concentration of the gas is the highest. In acidosis the concentration of carbon dioxide in the alveolar air is lowered because hyperpnea and because of the fact that the power of the blood to carry carbon dioxide has been lowered. When acids are added to the blood, they react with sodium bicarbonate and disodium phosphate forming a salt which is neutral in reaction, monosodium phosphate which is slightly acid, and free carbonic acid. The carbonic acid and acid phosphate ionize to but a small degree and therefore the hydrogen ion concentration of the blood is but slightly altered. We have here a very efficient factor in the regulation of blood reaction following an influx of acid or alkali. The regulatory mechanism is further aided by the rapid elimination of the acid phosphate and carbonic acid, the former by way of the urine and the latter by way of the lungs in the form of carbon dioxide." When this protective mechanism fails, acidosis has won and the animal is dead.

Metabolic Equilibrium.—In normal life and even in the early metabolic diseases, the mechanism of equilibrium is constant. Upon the kidney falls the task of selecting from the blood and eliminate through the urine the waste. The kidney also serves the function of preventing the escape of albumen and maintaining the non-protein nitrogens at a constant level in the blood. When the glomerulus is damaged, the waste retention is increased in the blood, decreased in the elimination, and the albumen escapes. Thus the economy is not only partly deprived of the valuable protein but taxed by an increase retention of the non-protein nitrogen (urea, uric acid, creatinin, etc.), in the blood.

With the developments and applications of the newer methods of blood and urine chemistry, the physician is beginning to have an insight of what actually occurs in health and disease. This chemistry shall solve most of the difficult problems of to-day. In the case of nephritis, the chemist furnishes the physician by the examination of the non-protein nitrogens, the exact data for the diagnosis, prognosis and treatment of the disease. He can tell us an oncoming coma sooner than we could tell yesterday. He has shown us the erroneous idea of the old practitioner, that the kidney was the organ concerned in the manufacture of urea. By demonstrating an increased amount of chloride retention, he can fortell us the coming edema. He can tell us the existence of gout before uric acid deposits in the form of concretions in the cartilage joint and in the form of tophi in the pinna. In diabetes mellitus, he can tell us whether the disease is of metabolic or kidney origin; in the former the glucose increases in the blood above the normal .08 to .11%, in the latter it remains normal, or is even lowered. Furthermore, early diabetes can only be diagnosed by an examination of the blood sugar content. Cushny has shown that sugar appears in the urine only when its concentration in the blood is about .3% The chemist can detect the distant storm of acidosis through the examination of carbon dioxide alveolar tension and combining power in the plasma, through the measurement of the alkali reserve, hydrogen ion concentration of blood and ammonia in the urine.

So much we know of the body chemistry to-day; much more we shall have to learn to-morrow.

THE UNDERNOURISHED CHILD OF PRE-SCHOOL AGE.*

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While I shall discuss the malnutrition of the children of pre-school age, principally from the Pedriatrician's viewpoint, I wish to refer to what may be called the social or public aspect of this question. Considerable publicity has recently been given to the great amount of malnutrition that was found among children weighed and measured during the past two years, and it was stated that this was in part the result of the high cost of living and the difficulty of obtaining sufficient food for the family. If the findings are scientifically correct it is most important that the public shall be informed of the situation, but there is surely a grave responsibility for anyone to publish statements that will increase the feeling of dissatisfaction and unrest that pervades the country if they are founded on inaccurate or insufficient data.

Definition.—Now, most of the estimates upon which the extent of malnutrition was reported were based upon the method of considering a child as suffering from malnutrition if it was more than 10% under the weight of the average child of its age. From our clinical experience with children of different families and different races and nationalities, we felt very strongly that this method disregarded what was the normal or average for children of various nationalities so that we carefully analyzed the records of some five hundred children who were examined at the pre-school clinics of the Health Department.

An analyses of these figures, when we compared the weight to the average for the age irrespective of the nationality or race of the child, showed 37% to be underweight. When, however, we estimated the number that were underweight in proportion to their height, this was very considerably reduced. But when we considered only those as suffering from malnutrition who could be considered underweight after proper consideration was given to their weight at birth, the stature of their parents and the tendency of growth in their race, we found that the examining physician classified 7% in this group.

In making up the records we have been recording the nativity of the maternal grand-parents. It does not require much thought to realize that the nationality, "American," would tell you very little about the tendency for growth in a particular child as the ancestors might be of the stalwart Norseman, or of the small-boned Southern races. An appeal to experience is often illuminating where statistics are confusing. We have all marvelled at the fine stocky baby of the Polish mother, though it was kept in crowded quarters, badly fed, and poorly housed; and on the other hand those of us who deal with babies and children in our private practice have anxiously tried to add fat or height or weight to the Italian babies, only to real-

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ize finally that their growth and development seems to be determined by some other rule than that influencing the Polish babies. This idea must be more generally recognized by persons who are in the position to collect and publish data referring to the nutrition of children, and have a tendency to make deductions that have a social implication.

I think I can illustrate, then, what is in my mind by turning Naturalist for the moment. I had occasion to discuss the weighing and measuring of children with a popular writer of animal stories, who said that he thought he could write a very amusing story for children by having a weighing and measuring test in animal land and describing the mortification, chagrin, and grief of Mother Black and Tan or of Mother Scotch Terrier because their babies were considerably under the weight of average dogs. In truth, Mrs. Pekignese was simply heart-broken when she saw the baby of Mrs. St. Bernard. Of course, someone consoled Mrs. Pekignese by telling her that quality was more important than quantity and Mrs. St. Bernard was a different kind of a dog anyway. But Mrs. John St. Bernard, who did not know of the law of heredity in selecting the father of her baby, was quite distressed when she was told at the weighing contest that her baby was 10% under the weight of average St. Bernards.

From a clinical standpoint, malnutrition will require study as long as mothers will see the fat rollicking baby pass into the gawky elongated child of the pre-school period. While the condition is not always a disease entity, it forms such an important part of the protection, particularly of the Specialist in Children's Diseases, that it is worth while to consider the syndrome, on account of which mothers bring children to us for advice.

Description and Symptoms.—I would give first prominence to symptoms that indicate fatigue. Mothers will speak of lassitude and particularly the absence of the play instinct which is so characteristic of children of the romping age. They will also tell us that the child is quickly fatigued, irritable, restless and shows a tendency to quarrel with playmates and to whine and cry upon the least provocation. Physically, the child is usually found to be slight in build and pale in appearance, although it is well to keep in mind that children may be suffering from malnutrition, though they are normal in weight, this weight consisting of either edema or fat; the glands are usually enlarged and frequently there is evidence of Rickets—that is, there are malformations of the chest walls, thickening at the junction of the ribs and cartilage, a distension of the abdomen or "pot belly," lordosis and deformities of the extremities and skull. The gastro-intestinal symptoms vary considerably. Some mothers will report that their children have no appetite, indeed eat nothing at all all day, and others that their children seem to eat a great deal but are not benefited by it. Constipation is usually present, but is not always of the same character. Many children will have a daily movement, but it is apt to be light colored, pasty and very fowl. A certain number of cases present the story of a very large semi-solid stool, two or three times a day, which frequently contains a good deal of mucous. In some instances the stools are very dry and hard and again in other cases the constipation alternates with a slight diarrhœa. It is well to keep in mind these various types of constipation and to realize that while they will be found in various cases of malnutrition they are the result of varied etiological factors and, therefore, require different management.

Duodenitis—fat indigestion—more rarely infection by bacillus aerogenous capsulatus; as first described by Herter must be considered in determining upon the proper treatment.

I think particular attention should be directed to the frequency with which syphilis will be found as the cause of malnutrition. I have made it a rule to examine for this condition in every child suffering from malnutrition where other explanations did not seem satisfactory. It is also frequently merely the continuation of malnutrition in infancy. This is most clearly shown in those groups of cases in which there is evidence of Rickets. It is also well to remember that a great deal of the malnutrition of early child life is the result of contagious diseases, which either have been ignored or neglected because it was considered one of the diseases every child must contract sooner or later, or because the mother was not properly advised in the management of the child. Measles and whooping cough will occur to us as illustrating these points. Every attempt should be made to postpone, if we feel we cannot entirely prevent, a child contracting these so-called mild diseases of childhood, which statistics prove cause a larger number of deaths in young children than the so-called serious diseases of diphtheria and scarlet fever.

Management and Treatment.—Prevention—the extensive use of pertussis vaccine as a preventive will save many lives and prevent much malnutrition, but even though we cannot at the present time extensively employ this vaccine, we should make every attempt to reduce to a minimum the frequency and the severity of the paroxysms because we all know how debilitating whooping cough is to the young child. There is also need and opportunity for the doctor to carefully advise mothers how to care for and feed the young child with whooping cough so that its nutrition may be protected to the fullest extent. In measles and similar apparently mild contagious diseases, we are dealing with toxemias that interfere with nutrition more indirectly; that is, it has been noted that a child will be suffering from mild myocarditis or a slight heart murmur or a mild nephritis after it has recovered from measles or other so-called mild diseases. We can do a great deal to prevent the effect of these diseases by seeing that all children with temperature shall remain in bed and that all children who are suffering from any form of infection or toxinemia shall be given sufficient rest, fresh air, and food to maintain their nutrition during this period. It is estimated that 2% of all school children are suffering from heart disease. It is safe to say that a certain proportion of these cases are the result of improperly guarded mild infections.

In no group of diseases or disorders in childhood is it so easy to prevent and so hard to cure as in malnutrition. The feeding of the first year of life will determine to a very large degree the health and vigor of the child in its later years. We must remember that the brain undergoes almost all of its growth in the first two years. During this period of rapid growth the brain and heart undergo their most important development. The nutrition of the first two years of life is especially important for the normal growth of the brain. At birth the brain of the male child weighs eleven and a half ounces; at three months seventeen and a half ounces; at six months twenty-one ounces; at one year twenty-seven ounces, and at two years thirty-three ounces. The brain then has tripled its initial weight and almost completed its growth, as can be seen from the fact that in the next five years the brain gains but seven ounces in weight and in the next seven years only six ounces. While the brain at birth is one to nine of the body weight, at fourteen years it is only one to twenty-five and in adults one to forty-three. The rapid growth of the brain is shown by the rapid increase in the circumference of the skull which at birth is fourteen inches, at one year eighteen inches and at five years only twenty inches, after which time there is hardly any increase at all. The development of the heart is likewise rapid and influenced by the nutrition of infancy. In the infant the heart is .89% of the body weight, while in the adult it is .52% of the body weight. Its volume at birth is 23 cubic centimeters and at 7 years 100 centimeters, after which time there is barely any increase in capacity.

Rickets, which can be prevented by proper feeding in the last six months of the first year, is the cause of mal-development of the osseous and respiratory systems, anemia and deformities and pre-disposes the child not only to malnutrition but also to tuberculosis. Of course, the surest way of preventing malnutrition in the first year is to see that every baby is breast fed and I wish to say from a study of 5,000 mothers, who were not among the 400 but among the 400,000 of the community, that 88% of all babies can be entirely breast fed six months and 96% at least partially breast fed for six months.

In the latter part of the first year the nutrition and, by this I do not mean merely the weight, should be so watched that additional nutriment will be added when required whether the child is breast fed or bottle fed. And I wish to state that when we say additional nutriment we do not necessarily mean additional food; but refer particularly to a consideration of the vitamins and salts. I have frequently noticed a marked improvement in a child who received a half ounce of fresh cow's milk or one or two teaspoonfuls of orange juice or beef juice, or a dram or two of cod liver oil, or a few minims of phosphorous.

Fresh air—that is, moving fresh air—is very important to the nutrition of the child. You may recall the experiment with the cat which died when its body was encased though its head was out in the fresh air and which survived if its head was encased but its body was exposed to a current of moving air. There is an important lesson in this in the question of dressing and housing babies.

Before leaving the subject of Rickets, I wish to mention what might be called a brilliant result recently obtained by the use of pituitary extract. A child 2½ years old, very small and with evidence of advanced Rickets as shown by the marked

thickening of the wrists and the beading of the ribs, improved very rapidly after pituitary extract was exhibited so that in the course of a few weeks the swelling of the wrists had entirely subsided and the child began rapidly to gain in weight. In the management of the child suffering from malnutrition, I would emphasize that the establishment of normal hygiene and normal diet is an essential beginning. By this I mean you must sufficiently instruct the mother to have her follow out the rules of hygiene and feeding, and she must be told exactly what to feed the child and what not to feed the child.

In a general way, I would say that children suffer from malnutrition as frequently from overfeeding as from underfeeding, and that your purpose must be not to see how much food the child can receive but rather that it shall eat well-balanced meals at regular intervals and that the child shall obtain plenty of rest during the day and night.

Of course, I realize that you do not succeed in feeding a child or getting a mother to feed the child properly by merely telling her what it should receive, because her very reason for coming to the doctor is often that the child will not eat what it should eat or that it does not eat at all. In these cases I have had very gratifying results by telling the mother in the presence of the child just exactly what the child may eat and requesting the mother to write down what it does eat at every meal and to bring it to me at the next visit. I usually add, rather casually, that of course if the child does not or cannot eat these things its stomach is so weak that it will not be able to eat anything else. Now, if you can succeed in preventing the mother from saying to the child, "Henry, will you do what the doctor asks?" you will find that the mother will frequently come back to you with great surprise and pleasure and say that the child has eaten everything that was written on the diet list.

Inasmuch as most of the cases are suffering from a certain amount of distension and indigestion, it is well to start out in these cases by clearing out the intestinal tract. I have had good results by ordering an oil enema every day for a week; in the cases that were constipated, and a high rectal irrigation in the cases that presented distension or diarrhœa. Pancreatin and bicarbonate of soda will often aid digestion in the beginning of the case. I am not given much in the use of tonics in children with the exception perhaps of cod liver oil, arsenic and phosphorous, for I feel that diet, fresh air, rest and a normal intestinal tract will meet all the indications. I should like to add just one word on the relation of mental influence in the feeding and nutrition of children.

I see a great many of cases in children from the age of practically two years up that can be grouped under the classification of "anarexia nervosa" or neurasthenia or nervous dyspepsia or, and this may be just as intelligible as other names, just "cussedness." If this type of child is pampered, fussed over, coaxed and worried over, the condition seems to get worse. If the doctor succeeds in teaching the mother to adopt the method of neglect, by which I mean, for instance, to prepare a child's meal and then to remove it promptly if the child indicates it is not hungry, this child will very quickly acquire its appetite, eat its food, and regain its health. It will also seem to improve in health and disposition to the great pleasure of the parents and the comfort of the neighbors.

To sum up, I would say that malnutrition in the child of pre-school age is largely the result of improper care and feeding in the first year of life. Secondly, it is the result of unnecessary or improperly managed contagious diseases, and thirdly, that it requires for its cure more the application of the rules of hygiene, nutrition, discipline and training than it does the administration of drugs and medicines.

191 Littleton Avenue.

TUBERCULOSIS IN CHILDHOOD.

A STUDY OF THE PATIENTS IN THE CHILDREN'S DEPARTMENT OF STONY WOLD SANATORIUM, LAKE KUSHAQUA, N. Y.

By Matthew F. Urbanski, M. D.,

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Perth Amboy, N. J.

Provision is made for treating 22 children at the Sanatorium. The children are all females and their ages varied from 5 upward to 15, while the length of residence at the institution averaged 1 year; in certain instances, however, the length of treatment was materially increased as the individual case demanded.

There were 33 children in the group studied, and they represent the average type of cases admitted at the Sanatorium. Though it would be more striking to present data drawn from a larger series of cases, yet we were not fortunate enough in

former years to have at our command such clinical aids as the x-ray and compliment fixation tests for a comparative study.

Mr. S A. Petroff of the Research Laboratory at Trudeau Sanatorium kindly consented to do the blood tests, while Mr. Homer Sampson rendered very valuable assistance in interpreting the stereoscopic roentgenograms. They rendered unbiased opinions without knowledge of the clinical history or course of the case.

It was attempted to go as minutely as possible into each individual case, but in several instances it was difficult to obtain an adequate history of symptoms existing prior to admission, hence this was discounted and notes made of clinical observations during residence.

In classifying the children, I endeavored to follow "The Standard for Diagnosis of Pulmonary Tuberculosis in Children" as arranged by the National Association for Study and Prevention of Tuberculosis.

The first group of 5 cases are classified as tubercular infection. Following is given a tabulated summary of the histories, clinical findings, interpretation of stereoscopic roentgenograms, etc.

The ages were 7, 9, 10, 12, 15 respectively.

History of exposure: Father, 1; mother, 3; unknown, 1.

Previous contagious disease: Measles, 5; diphtheria, 1; chicken pox, 2; whooping cough, 2; scarlet fever, 1.

Symptoms previous to admission: Cough, 1; this symptom was not of prominence; it was of short duration, and its etiology did not refer to the lungs; malaise, 1; chest pains, 1; menstrual derangements, 1 (menorrhagia).

Physical examination: Stature: Normal, 4; abnormal, 1; long neck winged scapula; Palpable glands in neck, 1; enlarged tonsils and adenoids, 4. Physical of chest: Lungs, no abnormal signs founds; heart, in one case a loud blowing systolic murmur transmitted to auxilla.

Weight: 3 of the cases were within the normal limits of their estimated weight for their age and height. 2 cases were over 10% above their estimate.

Average temperature: Pulse, 104; respiration, 22; 99^2 (by mouth).

Von Pirquet reaction: Positive in 5 cases; compliment fixation for T. B., negative in 5 cases; Wassermann reaction, negative in 5 cases.

Interpretation of stereoscopic roentgenograms: 1 case revealed no abnormal findings; 1 case revealed an apparent enlargement of a few glands at both the right and left Hilus; 1 case demonstrated a peribronchial thickening of the 1st and 2nd interspace trunks on right; 1 case peribronchial thickening of ascending vertebral and 1st interspace trunks; 1 case with cardiac lesion—demonstrated a uniform bilateral peribronchial thickening of the trunks comprising the bronchial tree, as is evidenced in a case of chronic bronchitis secondary to a heart lesion. The same plate, however, presented a slight parenchymatous mottling in the 2nd interspace on the right suggestive of tubercle formation. (Sampson).

RESULTS AFTER A YEAR'S OBSERVATION.

None of these cases presented any symptoms on which we could make an etiological diagnosis of clinical pulmonary tuberculosis during their residence at the Sanatorium. Some of these patients were treated in New York City before their admission on the Vanderbilt Roof and in open-air schools.

The rapid improvement in their physical condition was amazing. They readily put on weight and in one instance 25% above normal. The gain in strength seemed to run parallel with the improvement in their general physical condition.

They were actually preventorium cases with a positive history of exposure in some instances, a positive Von Pirquet reaction and being slightly below par physically. Their stay at the Sanatorium proved to be of double benefit. The improvement from a physical standpoint and the education of the child amid a cheerful environment in the methods of prevention of infection and preservation of health has produced excellent results on its return home as subsequent observation has shown.

The following group of 16 cases (Hilus Group) have as their chief manifestation an enlargement of the bronchial glands. Their ages were from 5 to 13 years.

History of exposure: Father, 4; mother, 3; brother, 1; sister, 2; unknown, 6.

Previous contagious disease: Measles, 11; diphtheria, 1; scarlet fever, 3; whooping cough, 7; chicken pox, 1; mumps, 1.

Symptoms previous to admission: Cough —Non-productive, 3; with mucoid sputa, 2.

Temperature: 12 cases gave a history of having temperature previous to admission, degree and duration not known.

Night sweats, 2; pleurisy, 3; hemorrhage, 1; hoarseness, 1; chest pains, 1; malaise, 2; menstrual disturbances, 5, amenorrehœa.

Weight: Below normal, 8; varying from 10 to 20% below estimated normal for age and height; within normal limits, 8.

General physical examination: Normal stature, 12; abnormal, 2, scoliosis; 2 pigeon breasted; palpable glands in neck, 7; enlarged tonsils and adenoids, 12.

Examination of chest: 2 cases presented changes in voice and breathing with a few fine rales after cough; Despines' sign was strongly positive over the upper dorsal vertebræ. The roentgenograms revealed a marked enlargement of the bronchial and paratracheal glands together with peribronchial thickening of the ascending vertebral and 1st and 2nd interspace trunks; 3 cases fine subcrepitant rales over one apex after cough; 6 cases had dry crepitant rales outside of one mammary line which we did not consider as pathognomonic. 1 case had moist rales over one base—a pleuritic involvement.

Despines' sign: Positive, 13; negative, 3; Von Pirquet, 16 (all positive); compliment fixation for T. B.: Negative, 10; positive, 6; 2+, 3; 3+, 3; Wassermann reaction, all negative.

CLINICAL COURSE DURING OBSERVATION

Though the majority of these cases gave a history of symptoms referable to the lungs, and possibly active tuberculosis before admission, yet under our observation no symptoms were noted in 9 of these cases; in 5 of these 9 case, however, we noted a loss of weight. They were more than 5% below the estimated normal weight for the age and height of the individual.

Most of these cases were under the care of excellent clinicians before admission in New York City, and their observations deemed it justifiable for treatment to be continued in an institution.

Besides the cases noted above, there was a total loss of symptoms in 4 cases. A slight unproductive cough persisted in 3 cases, while in 1 a cough with slight mucoid expectoration remained.

There was a marked improvement in the nutrition of these children, and in most instances there was a satisfactory improvement in their strength; 11 gained, averaging 20% above their estimated normal, while 4 came within normal limits and 1 case did not gain at all.

STUDY OF STEREOSCOPIC ROENTGENOGRAMS.

In 13 cases there was a definite enlargement of the *Hilus glands;* the *right* was the side of election, but in a number of instances, the involvement was bilateral. In addition to the glandular enlargement, a *peribronchial thickening* chiefly of the 1st and 2nd interspace trunks on the corresponding side was observed. In 3 cases, there was a *peribronchial thickening* of the ascending vertebral, 1st and 2nd interspace trunks with no definite pathology at the hilus. There was no definite parenchymatous involvement noted in this group.

The third group of 12 cases included those in whom the symptoms, physical signs, roentgen findings and clinical course was similar to chronic pulmonary tuberculosis in adults.

Ages: The youngest was eleven (11) the average age 14.

History of exposure: Known, 3; unknown, 9.

Previous contagious diseases: Measles, 11; diphtheria, 2; scarlet fever, 1; Chicken pox, 1; whooping cough, 3.

Symptoms previous to admission: Cough, 12; expectoration, 11; temperature, 10; pleurisy, 5; laryngitis, 1; hemorrhage, 2; night sweats, 3; chills, 2; dyspnoea, 3; irritibility, 4; languor, 3; menstrual amenorrehoea, 3; menorrhagia, 1.

General physical: Seven (7) of these cases were below estimated normal weight; two were within normal limits, while three were above normal. Palpable glands in neck, 7; enlarged tonsils and adenoids, 4; atrophic rhinitis, 1; hypertrophic rhinitis, 2; tuberculosis of larynx, 3; positive sputum, 8; negative sputum, 4. (Two of these cases roentgenograms demonstrated to be of the peribronchial variety).

Compliment fixation for tuberculosis: Unfortunately we were only able to procure seven specimens of blood—negative, 3 (Peribronchial); positive, 4—1 was 3+, 3 were 2+.

Stereoscopic roentgenograms: Nine (9) cases revealed a parenchymatous infiltration of moderate extent. Well defined cavities noted in one case which were also verified on physical examination. Three (3) cases revealed an infiltration of the peribronchial variety.

Physical examination of chest: The signs elicited on physical examination were of well defined lesions.

State of the case after subsequent observations: Died, 2; progressive, 3; quiescent, 5; arrested (apparently), 2.

Prognosis.—There is employed at the sanatorium a "Following Up System" with an attempt of ascertaining the subsequent result of treatment. An annual questionnaire is forwarded to all ex-patients with a space reserved on the question list for addresses of any patients whom they happen to know. In this way we frequently are able

to trace some patients whom we have lost trace of.

In compiling the results of the patients heard from, we find that 87 per cent. of the children are living; many of them are married or at their occupations; these reports extend over a period of 16 years, since the opening of the sanatorium. The above results comprise all types of cases in the children's department. In going over a small group of cases in whom both the physical signs and symptoms demonstrated unquestioned activity in the lungs, 64% were living when last heard from; this latter group comprises cases who were classified as moderately or far advanced.

Considered individually the tuberculous infection group presents the same prognosis as in most children with a positive Von Pirquet reaction, being slightly below par physically and living in a city. Probably a very small percentage will ever become ill with tuberculosis. This would apply, however, to children over 4 or 5 years of age.

The children with bronchial gland disease offer a very good prognosis if placed in a satisfactory environment and treatment begun early, thereby limiting the process to the glands. Children with definite active parenchymatous disease present a widely different problem; occurring under the age of 15, the disease frequently takes an acute course carrying off the patient irrespective of any line of treatment employed. The more chronic forms render a more favorable prognosis, probably more than half may have their disease arrested if timely treatment is begun.

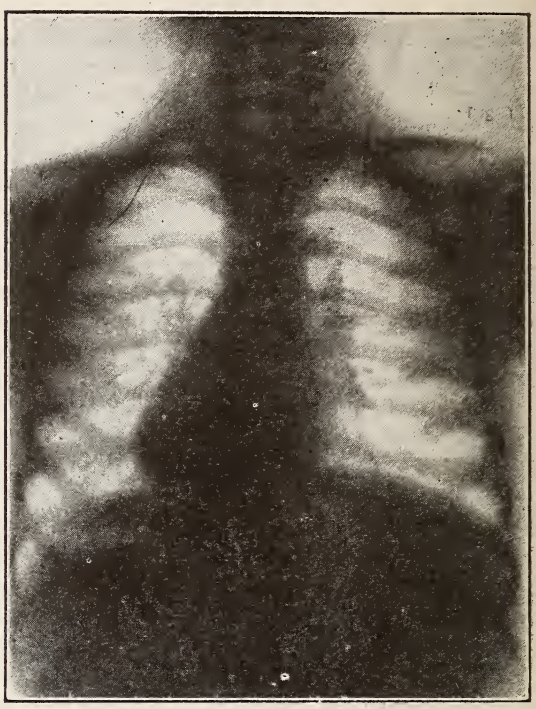
REPORT OF CASES.

CHRONIC ULCERATIVE TUBERCULOSIS.

Child, aged 11 years. Hebrew. Family history was negative. Previously had measles, scarlet fever, pertussis and chickenpox. Symptoms previous to admission —cough and expectoration, fever, irritability, palpitation, headache, loss in weight.

Physical symptoms: Lungs—right—signs of coarse infiltration to third rib on right; cavity signs at top. Signs to seventh vertebral spine posteriorly. Left—evidence of infiltration in third and fourth interspace. Larynx—infiltration in posterior commissure. Complement fixation—2+. Sputum positive.

X-ray (stereograms): Right—Marked parenchymatous infiltration to third rib and seventh vertebral spine; annular shadow between first and second rib; peribronchial infiltration from third rib to base with slight evidence of parenchymatous between third and fifth ribs. Mediastinal contents especially trachea deviates to right.



Acute Ulcerative Tuberculosis. Quiescent under treatment.

Diaphragm uneven. Left—slight parenchymatous between third and fifth rib; peribronchial thickening of first and second interspace trunks.

The chronic course of the disease renders the patient more amenable to treatment. This case is a contrast to the frequent acute progressive type. The improvement in the above case was steady.

ACUTE PROGRESSIVE TUBERCULOSIS.

Child, aged 13 years. Italian: far advanced. Family history negative. Previously had measles. History on admission: Sudden onset three months ago of cough, expectoration, dyspnoea, palpitation, fever, night sweats, loss of weight and strength; amenorrhoea for last three months. Physical signs: Demonstrated presence of far advanced disease. Roentgenogram showing extensive bilateral disease. Course—disease continued with marked activity in spite of absolute rest and treatment. Patient expired after an eight-ounce hemorrhage with subsequent foreign body pneumonia.

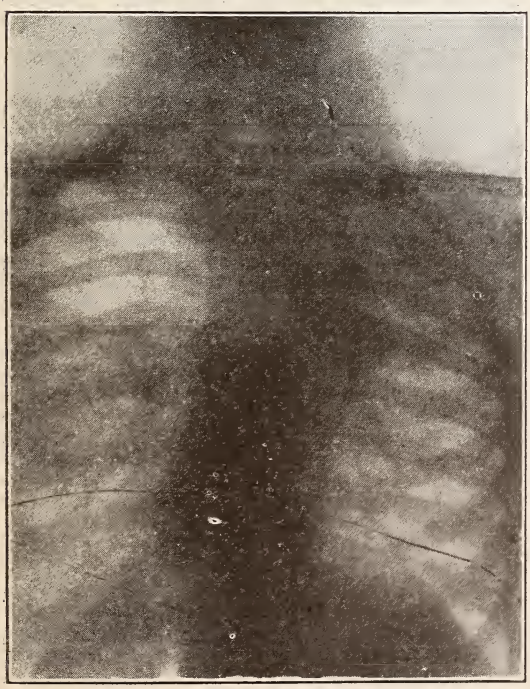
This type of active disease is not infre-

quently encountered, especially in females about puberty. The sudden onset, the

Acute Progressive Tuberculosis (Fatal Termination.

acute progression overwhelms the patient irrespective of any line of treatment employed.

BRONCHIAL GLAND TUBERCULOSIS.



Bronchial Gland (Hilus) Tuberculosis.

Child, age 5 years. Family history: Father died of pulmonary tuberculosis; mother suffering from it at present. Previous history—had pneumonia and measles. About one month previous to admission had night sweats, fever, pleurisy, slight hemoptesis. Weight on admission 37 pounds; estimated normal, 44; average temperature, 99.6; pulse, 110, respiration, 26. Von Pirquet—marked reaction; complement fixation and Wassermann, negative.

Physical signs: Crepitant rales over right base posteriorly before and after cough, Despine's sign positive. X-ray (stereoscopic), Right-Definite glandular changed involving the para tracheal and bronchial glands; Left — Questionable glandular changes.

Comment.—There is no one method which we could utilize for making an early diagnosis of tuberculosis in childhood. We have singular methods as the tuberculin tests to indicate infection, but none so far avaible to indicate early disease.

The enlargement of the glands about the *Hilus,* as seen on the x-ray plate, is not sufficient proof that they are tuberculous, nor does it tell us anything about the activity of the process. However, when we have a child with a history of prolonged exposure whose nutrition is way below par for the age and height of that individual, with a positive tuberculin test, and the roentgenogram showing enlarged Hilus glands, one is justified in treating the child for tuberculosis. Knowing the rapid improvement these cases make with subsequent recoveries, it certainly would be unjust to wait for confirmative and conclusive signs and symptoms.

The complement test has proven to be of value when considered along with the clinical side of the case; it was positive in about one-half of the cases. We have not had the test done on a sufficiently large number of cases to draw any definite conclusions of its merits. In our experience we have found the test to be positive much more frequently when there are signs of activity.

Roentgenograms have proven to be invaluable, especially when taken in conjunction with the clinical side. In addition to the enlargement of the bronchial glands, the most frequent additional manifestation noted was a peribronchial thickening, chiefly of the 1st and 2nd interspace trunks on the corresponding side. Only in one case of the series did we note a slight parenchymatous mottling, suggestive of a primary infection. The presence of an infiltration of

the parenchymatous type has been very infrequent in children under 11 or 12 years of age.

In reference to physical signs, I would like to mention Despines. In a group of 16 children in whom we made a diagnosis of tracheo-bronchial adenopathy, corroborated by an x-ray plate, this sign was positive in 13. We had discounted slight changes in voice and breathing over the apices in children, also the presence of inconstant dry rales outside of the mammary line.

In conclusion I wish to express my gratitude to Dr. Malcolm F. Lent, Medical Director of Stony Wold Sanatorium, for his many valuable suggestions in working up the cases.

314 Washington Street.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

The Atlantic County Medical Society met October 10, 1919, at the Hotel Chalfonte. President Dr. H. L. Harvey in the chair.

The scientific program consisted of two papers on "Gastroenteroptosis," one by Dr. Martin E. Rehfuss on the medical phases and the other by Dr. John B. Deaver on the surgical phases.

Dr. Rehfuss shows that the condition in constitutional and not local. These patients show refractive errors which vary from day to day, have naso-pharyngeal catarrh with relaxed muscles. From 50 to 70% have pulmonary disturbances as shown by fieuroscope. There is clouding of an apex, limited expansion or peribronchial thickening. Many cases show a focal infection of the teeth, tonsils, gall bladder or colon bacilluria. It is his practice to use a vaccine if a pure culture can be obtained. Nearly all gastroenteroplotic individuals show autonomic ataxia or viseral nervous disturbance or disequilibrium of the endocrine glands. There are indigestion, a sense of dragging down, angenoid symptoms due to aerophagia. Nearly all have spastic constipation. In the abdomen itself gastroptosis or falling of the stomach is rare, but x-ray shows that the stomach is elongated. It makes no difference where the stomach is if it does its work. In ptosis of the organ there is atony as is shown by the bismuth meal, sagging to the bottom. The first position of the duodenum is elongated, the second position is fixed, and the third position elongated. There is prolapse of the hepatic flexure and prolapse and dilatation of the cecum with retention of toxins. The splenic flexure remains fixed. These patients are constipated, have low blood pressure and intense mental depression. Many suffer from unnecessary surgical operations. The treatment is rest, a well balanced diet, the starches rather than the fats predominating. Iron, arsenic, hydrotherapy, electrotherapy and mechanical supports preferably a moleskin plaster, at least temporarily.

Dr. Deaver agreed that in this class of cases surgery was worse than useless. He advised against gastroenterostomies in the absence of demonstrable organic disease. Gastropexy fails to give permanent results. If there is definite pyloric obstruction a pylorrectomy or a gastroenterostomy is advisable. If there is retention of a full meal for 10 ours operation is indicated. Dr. Deaver does not subscribe to Sir Arbuthnot Lane's ideas of colectomy.

The papers were discussed by Drs. Conway, Martin, P. Marvel, Darnall, A. C. Wood, Carrington, Andrews.

CAPE MAY COUNTY.

Eugene Way, M. D., Reporter.

The annual meeting of the Cape May County Medical Society was held at the Hotel Bercoyne, Ocean City, N. J., on October 7th, 1919. The president and vice-president both being absent, Dr. Allen Corson was elected president pro tem and made a model presiding officer.

The following members were present: J. Way, Douglass, Washburn, Tomlin, Corson, Petitt, Marcy and E. Way. Drs. Conaway and Darnell of Atlantic City and Dr. Riesman of Philadelphia were also present. Dr. J. H. Whiticot of Ocean City was transferred from honorary to active membership. Dr. David Riesman delivered an able and instructive address on "Influenza." Discussion was opened by Dr. Douglass and participated in by Drs. Conaway, Darnell, J. Way, Tomlin and others, and closed by Dr. Riesman.

The following officers were elected for 1920: President, Willets P. Haines of Ocean City; vice-president, Frank R. Hughes of Cape May; secretary and reporter, Eugene Way of Dennisvile; treasurer, H. H. Tomlin of Wildwood. Censors for three years, G. Dixon Mayhew; delegate to State Society, Julius Way.

The treasurer's report showed a balance of $154.96 on hand and all bills paid. The annual dues for 1920 were fixed at $5.00.

CUMBERLAND COUNTY.

E. S. Corson, M. D., Reporter.

The 100th anniversary of the Medical Society, deferred from last year on account of war and influenza, was most conspiciously celebrated at the Cohanzuk Country Club, Tuesday, October 7th, afternoon and evening. The regular business comprised the election of officers: President, Leonard F. Hatch, Vineland; vice-president, Charles E. Sharp, Port Norris; secretary, H. Garrett Miller, Millville; treasurer, W. Leslie Cornwell, Bridgeton; reporter, Elton S. Corson, Bridgeton; annual delegates to State Society, Wilbur P. Rickert, Millville. The following were elected to membership: Dr. Betta Whaland, Bridgeton; S. Killinger, Millville; S. T. Day, Port Norris; N. S. Greenwood, Vineland. There were fifty-two present, including members of the society, with their relatives and friends. The guests of the society were Drs. Wilmer Krusen, Director of Public Health, Philadelphia, Pa.; Dr. J. C. Applegate, Professor of Obstetrics, Temple University; Dr. Walt. P. Conaway, District Councilor; Mr. C. F. Cox, President Cohanzick Country Club; J. Ogden Burt, Esq., lawyer; Superintendent and Mrs. David Elwell, Cumberland County Insane Asylum.

The historical paper by Dr. T. J. Smith was most comprehensive and erudite. A request was made that it be published in the State Journal. Dr. Wilmer Krusen gave an oration on the "Value of the County Medical Society." He said it should be a post-graduate school for its members; a clearing house for the exchange of ideas and settlement of petty jealousies and the agency for the medical profession with the various health promoting lay agencies.

The banquet of the evening held in the spacious ball-room of the club, was a most enjoyable occasion. A spirit of cordiality and mirth prevailed. Dr. Louis J. Kauffman, acted as toastmaster. Mr. C. Frank Cox, president of the Cohanzick Country Club gave the address of welcome. He said the club was health promoting and disease preventing. The club derived its name from the tribe of Indians inhabiting the county who were noted for their longevity. Dr. Wilmer Krusen responded to the toast "The Doctor's Wife." He interestingly portrayed the role of the doctor's wife in a very facetious way. Dr. J. C. Applegate responded for the honorary members. J. Ogden Burt, Esq., wittingly compared the lawyer and doctor.

Dr. W. L. Cornwell presented War Topics. He traced the work with a wounded soldier from front to the rear. Dr. Stacey M. Wilson responded to the toast "The Older Members." The Society closed its celebration with feelings of pride and gratitude. It sent four of its members to the Civil War; ten to the World War. It has had members in the United States Congress, the state legislature, and as foreign missionaries.

ESSEX COUNTY.

Eugene W. Murray, M. D., Reporter.

The annual meeting of the Essex County Medical Society was held October 7th, at 8.30 P. M., in the Board of Trade Room, Newark, New Jersey.

Doctor T. W. Corwin, retiring president, read the paper of the evening on "Group Medicine," many suggestions offered in the paper were commented upon.

During the year, sixteen new members have been taken into the society.

After reports of various committees, the annual election of officers was held as follows: Doctor G. B. Philhower of Nutley, president; Doctor Harrison S. Martland of Newark, vice-president; Doctor Robert H. Rogers of Newark, treasurer, and Doctor Frank W. Pinneo of Newark, secretary.

Doctor James T. Wrightson of Newark and Doctor T. W. Harvey of Orange were re-elected members of the council.

The question of the prosecution of illegal practitioners was discussed at length and finally referred to the council with power to act.

HUNTERDON COUNTY.

O. H. Sproul, M. D., Secretary.

The Hunterdon County Medical Society held its annual meeting October 28, 1919, with a fair attendance of members.

Dr. Edgar W. Lane of Bloomsbury read an essay on "Influenza," followed by discussion of the subject.

The following officers and delegates were elected:

Dr. Frederick H. Decker, president; Dr. A. A. Heil, first vice-president; Dr. E. W. Lane, second vice-president; Dr. E. W. Closson, treasurer; Dr. O. H. Sproul, secretary; Dr. I. Topkins, reporter.

Delegate to State Society, Dr. E. W. Slosson, Lambertville.

MIDDLESEX COUNTY.

Herbert W. Nafey, M. D., Reporter.

The regular meeting of the Middlesex County Medical Society was held at the Middlesex General Hospital Wednesday afternoon, October 15th, 1919, being called to order by the president, Dr. Forney.

The regular order of business was transacted during which the attitude of the society toward the traveling showman and nostrum vendor, Hal A. Curtis, was thoroughly discussed. In order that the society may be properly prepared to meet the issue involved at the time of this man's trial, which is set for the 27th of October, it was suggested that the society should secure the services of an attorney to act in an advisory capacity to the society, leaving the actual conduct of the trial to the Attorney General. The president reported that that had already been considered and he was of the opinion that an attorney's services had already been secured. The members were asked to continue their efforts to secure additional evidence against Curtis as he is continuing to carry on his work in the nearby town of South River. Dr. Selover of that place reported that he has had the same large and enthusiastic gatherings there as he had here in this city.

The question of the poor attendance of the society meetings was brought up and thoroughly discussed. Several plans for improving the attendance were brought up, the one finally adopted being the appointment of one member in each city whose duty it would be to call each member by telephone on the day of the meeting reminding the member of the meeting and requesting his attendance. The president called attention to the very discouraging effect it had on the executive committee to arrange an interesting program securing the services of well-known speakers to come out here from the city to read a paper and then to have an attendance of perhaps twelve or thirteen members. It was the general opinion that the meetings all through the year had been highly interesting and that the poor attendance could not have been accounted for in any other way than open disinterest on the part of the offending members.

Dr. Clark of Trenton, one of the State Councilors, attended the meeting and joined in the discussion on the subject of "The Welfare of the Medical Profession of the State of New Jersey." During this discussion, which was freely taken up by several members, the subject of State Health Insurance was debated at considerable length. The action which the State Legislative Committee had taken in this matter was asked of Dr. English. He reported that at present they are awaiting the report of F. L. Hoffman, Ph. D., the able statistician of Newark, who is now spending several weeks in England making a thorough in-

vestigation of the working of the Health Insurance law there. He said that there was no possibility that the subject would be brought up in the legislature before January, by which time the State committee would be prepared to meet it. The members of the society, however, felt that we should take some action at once to make clear our attitude toward this bill to our representatives in the legislature. It was decided to refer the matter to the society's legislative committee who are requested to invite our local representatives in the legislature to attend one of our meetings in the near future for the purpose of hearing our opinion on this subject. Dr. English also reported on the Conference of Industrial Physicians and Surgeons in Harrisburg which he attended last month.

In the further discussion Dr. English called attention to the great importance of getting all the physicians into the county societies.

The election of officers for the coming year was held and the following were elected: President, Laurence P. Runyon, New Brunswick; vice-president, George W. Fithian, Perth Amboy; secretary and reporter, Herbert W. Nafey, Highland Park; treasurer, David C. English, New Brunswick.

Coffee and doughnuts were served by the hospital matron after which the meeting adjourned.

PASSAIC COUNTY.

Peter Brancato, M. D., Reporter.

At the regular monthly meeting of the Passaic County Medical Society, Dr. H. H. Lucas presiding, the following officers were elected for the ensuing year:

President, Dr. F. A. Todd; first vice-president, Dr. J. S. Yates; second vice-president, Dr. E. J. Marsh; secretary, Dr. W. A. Dwyer; treasurer, Dr. W. Spickers; reporter, Dr. P. Brancato. Drs. H. H. Lucas and B. H. Rogers were elected censors.

The death of Dr. Cornelius Van Riper, a former practitioner of Paterson and one-time member of the society, was reported, and a committee of three was appointed to frame resolutions of condolence and sympathy. Dr. Van Riper was held high in the esteem of his contemporaries. Some twenty-eight years ago he moved, for health reasons, to California, where he died in Pasadena at the ripe age of 88 years.

For some time past there has been much favorable sentiment among practitioners of Paterson toward the establishment by the authorities of Paterson of a Municipal Laboratory of Pathology. Among others who expressed themselves on the matter, Dr. F. A. Todd and Dr. O. R. Hagan spoke strongly in favor of such a plan. Some of the reasons urged are: Convenience and ready accessibility; more perfect control and reliability of results of examinations of specimens submitted, as contrasted with those at Trenton, and encouragement thereby of more extended use of laboratory diagnosis.

It was shown that such a laboratory need not clash with the interests of private pathologists of the city, but on the other hand it would free pathologists of the large number of examinations made without charge.

The president-elect delivered a short but characteristically enthusiastic address in a spirit that promises for active meeting to come.

SALEM COUNTY.

Norman H. Bassett, M. D., Reporter.

The annual dinner of the Salem County Medical Society was held at the Nelson House, Salem, N. J., October 1st, 1919.

Lt. Col. Clarence P. Franklin of Philadelphia gave a very instructive and entertaining talk on war conditions on the Italian front.

Following the lecture the regular business of the meeting was taken up, which resulted as follows:

Dr. Robert C. Sutherland, of Pennsgrove, was elected a member of the society and the resignation of Dr. J. F. Reeves, who is now practicing in Cumberland County, was accepted.

Officers for the following year were elected as follows: President, Dr. C. L. Fleming, Pennsgrove; vice-president, Dr. N. H. Bassett, Salem; secretary and treasurer, Dr. John F. Smith, Salem; reporter, Dr. N. H. Bassett. Delegate to the State Society, Dr. W. T. Good, Alloway; alternate, Dr. R. M. A. Davis, Salem. At the conclusion of the business, dinner was served in the Nelson House.

UNION COUNTY.

Russell A. Shirrefs, M. D., Reporter.

The annual meeting of the Union County Medical Society was held at the Elizabeth General Hospital, October 8th, 1919, at 8.30 P. M., with a large attendance of members. The election of officers for the ensuing year resulted in the choice of Dr. N. W. Currie of Plainfield as president, and Dr. R. T. Munger of Fanwood as vice-president. The other offices went to three Elizabeth physicians, Dr. Irving Lerman being chosen secretary; Dr. George T. Banker, treasurer, and Dr. Russell A. Shirrefs, reporter. The report of the treasurer showed a balance on hand of $196, in addition to Liberty Bonds amounting to $250. Dr. Mravlag reported operating on a case of what was apparently femoral hernia, but which after operation developed abdominal symptoms necessitating a laparotomy. On opening the abdomen, the supposed hernia proved to be a diverticulum of the bladder. The patient recovered. A paper on "Infections from the Tonsils" as read by Dr. Jacob Reiner, the retiring president of the society. It was favorably received and brought forth an animated discussion both by specialists in that line and general practitioners.

TRI-COUNTY MEDICAL.

Morris, Sussex, Warren Counties.

Charles B. Smith, M. D., Secretary.

The twenty-first annual meeting of the Tri-County Medical Association was held at the Hackettstown Club, Hackettstown, Warren County, New Jersey, on Tuesday, October 14, 1919.

The meeting was called to order by Dr. Chas. M. Williams, the president, at 11 o'clock.

Owing to the absence of Dr. C. B. Smith, the secretary, because of the death of his mother on October 13, 1919, Dr. F. J. LeRiew was appointed secretary pro tem.

The temporary secretary was ordered to

write a note to Dr. C. B. Smith, the secretary, expressing the sympathy of the association with him in his affliction.

The members present were: Drs. W. J. Burd, G. A. Becker, H. B. Bossard, F. W. Curtis, W. F. Costello, G. W. Cummins, J. Douglas, F. W. Flagge, J. W. Farrow, W. James, A. N. Jacobs, H. W. Kice, F. J. LaRiew, G. H. Lathrope, C. Mills, L. L. Mial, L. C. Osmun, A. A. Lewis, F. A. Shimer, G. O. Tunison, C. Wigg, C. M. Williams, J. Walters.

The guests present were: Dr. Gordon K. Dickinson of Jersey City, president of the New Jersey Medical Society, Dr. David C. English, New Brunswick, editor of the State Society Journal; Drs. R. H. Woodruff and G. G. Mills of Hackettstown and Dr. Stanley Krebs of Easton, Pa.

Communications from Drs. P. H. Harris, B. D. Evans, C. C. Beling and Paul Correll, regretting their inability to be present were read by the secretary. The reasons stated in each letter were such as to show how impossible it was for them to be in two places at the same time, but the society was pleased to hear that they all regretted being unable to be present.

The treasurer, Dr. Flagge, made a report showing a balance of $89.42 in his hands and stated that he did not think it necessary to ask for the dues of 1917 and 1918, during which years the society had not held meetings because of the many doctors engaged in war work and "Flu" work.

The finance committee reported having examined the treasurer's reports and that they found them correct. The treasurer's suggestion was adopted that no dues for 1917 or 1918 be collected.

The following physicians were elected to membership: Drs. A. L. Baker, Dover; Frank H. Pinckney and William A. McMurtrie, Morristown; Robert Woodruff, Hackettstown; G. G. Mills, Hackettstown and Frank Rice, Maple avenue, Morristown.

Dr. James Douglas of Morristown spoke in appreciation of the sterling qualities of Dr. A. E. Carpenter who recently died at Boonton, N. J. His remarks were along the line of the physician, the man, his rare social qualities and Dr. Carpenter's love for the medical societies of which he was a member.

The following were elected officers for the ensuing year: President, Dr. F. P. Wilbur, Franklin Furance; first vice-president, Dr. H. W. Kice, Wharton; second vice-president, Dr. L. C. Osmun, Hackettstown; secretary, Dr. C. B. Smith, Washington; treasurer, Dr. F. W. Flagge, Rockaway; executive committee, Drs. Bruno Hood, J. Walters and F. J. LaRiew; finance committee, Drs. H. B. Van Gaasbeek, J. M. Reese and G. R. Becker.

The appointment of the committee of arrangements was left for the newly elected president, Dr. Wilbur.

The retiring president, Dr. C. M. Williams of Washington, read a paper on the "Medical Aspects of Influenza." It was comprehensive and thorough.

The paper of Dr. Paul Correl of Easton, Pa., on "Surgical Complications in Influenza," was read by Dr. Stanley Krebs of Easton, Pa., who is an assistant of Dr. Correl in his hospital.

Both papers were interesting and instructive and showed that the writers were acute observers of what is going on in the medical and surgical world of to-day.

The discussion was general and brought out the facts that "rest" was a friend of the patient in influenza and pneumonia and a valuable factor in the treatment, while "fatigue" was a dangerous enemy of the afflicted ones. By "rest" they meant going to bed as soon as influenza or pneumonia was suspected and staying in bed after the diagnosis was confirmed. Fatigue was defined as weariness caused by excessive muscular movements and exertions which weakened the patient, thus allowing the toxic materials of influenza and pneumonia to easily overcome the patient.

Substantial evidence of the dangerousness of fatigue was presented by those doctors who had cases that refused to go to bed until forced to when they were unable to do any more work. Such cases usually had a long illness and slow convalescence, if they survived. The major opinion of the majority was that the vaccines had not proven satisfactory. Proper masks for attendants, properly worn, was advocated by all who had been in war service. The consensus of the surgical discussion was to drain all cavities when diplococcus pneumoniae was found, but to be cautious when hemolytic streptococci were known to be present.

Dr. Gordon K. Dickinson of Jersey City, president of the State Medical Society, and Dr. David C. English of New Brunswick, editor of the State Society Journal, both gave earnest addresses in which they showed clearly that they had a heartfelt concern for the welfare and betterment of the medical professions and of its individual members.

A motion was made to adjourn and after adjournment the society dined at the American House.

The secretary pro tem then wrote the following letter which he mailed to Dr. C. B. Smith:

My Dear Doctor:

The officers and members of the Tri-County Medical Association, in meeting assembled, at Hackettstown, N. J., October 14, 1919, wish me, their temporary secretary, to assure you of their deep sympathy with you in this time of great sorrow, the death of your mother, and trusting that you will see the bright side of the dark cloud, they remain, yours in sympathy, Tri-County Medical Association, F. J. LaRiew, secretary pro tem.

Local Medical Societies.

Academy of Medicine of Northern New Jersey.

The program for October meetings was received too late for insertion in the October issue. The following were the leading items:

Stated meeting, October 15. Paper by Dr. Joseph A. Blake, Col. M. R. C., on "Early Experiences in the War."

Section on Eye, Ear, Nose and Throat, October 13: Report of cases: Drs. R. C. Potter and E. S. Sherman. Papers: Dr. J. Franklin Chattin, "Focal Infections of the Eye"; J. L. Courrier, D. D. S., on "Focal Infection from the Standpoint of the Oral Surgeon."

Section on Medicine and Pediatrics, October

14: Reports on cases. Papers on "Congenital Stenosis in Infants: Medical Aspect," by Dr. Royal Whitenack; "Roentgenology," Dr. E. Reissman; "Surgical Aspect," Dr. Max Danzis.

Section on Gynecology and Obstetrics and Surgery: Reports of cases; paper on "Indication for Radium Therapy in Abnormal Uterine Bleeding and Fibromata," by Dr. J. A. Corscaden of New York.

The stated meeting for November will be held November 19, when a reception will be tendered to the Medical Men of the Academy who were "in service."

At the stated meeting of the Academy held in Newark October 15th, Dr. Joseph A. Blake of New York, who served during the entire war, first with the French and later with the American army, addressed about 150 doctors. He spoke of the necessity of universal military training, saying, "I believe there will be another war, league or no league." After speaking of living conditions in Paris he described the organization of the French medical service and hospital administration. He said the American ambulance was the only hospital founded by foreigners that did not accept funds from the French Government. Many persons started hospitals and then requested the French to maintain them. The French complied to retain the good will of all those interested.

Dr. Blake continued, "In the first year of the war I observed the professional care afforded the wounded. It was depressing. In the early days the transport of the wounded was a difficult problem and the lines of communication were constantly being destroyed by the German advance. During the first battle of the Marne many soldiers came into Paris with wounds that had not been touched for a week. In fracture cases muskets were used for splints in many instances. Cases of gas gangrene and tetanus were some of the great problems at that time. Some tetanus cases would die six to nine hours after they were received. Some antitoxin was available and the French army soon began to use it. But it was much later that it was made obligatory treatment in the British army. It wasn't because they didn't want to use it, but because they didn't want to antagonize some conscientious objectors."

Dr. Blake declared that one of the great discoveries in the treatment of gas gangrene was made by Dr. Kenneth Taylor, who found the healing qualificaties of a serum of devitalized muscle tissues. Improvements in the treatthorities gave the entire credit to Dr. Taylor.

Most distressing to the medical profession were the gunshot fractures. The necessity for fixation in the treatment of fractures was dissipated by chance and this discovery later led the way to the modern method of suspension, which was used during the last years of the war. Dr. Blake related how he ordered a subordinate to suspend a fracture in a sling to rid it of swelling before a cast was applied. By some chance the patient was overlooked for several days and when the surgeons started to take the limb from the sling that had been arranged, it was discovered that the bone had united. Development of this method of the treatment of fractures permitted access to the wounds, permitted use of the muscles and joints while the bone was knitting and saved fifty per cent of the time necessary for treatment.

When he was discharged from the army some time ago, Dr. Blake held the rank of colonel in the Medical Reserve Corps. During the war he was consultant in surgery for the district of Paris and organizer and surgeon-in-chief of the American Ambulance and the Hospital Ris Orangis. He was decorated with the Legion of Honor in June, 1917.

November Meetings.

Stated meeting Nov. 19, at 8.45 P. M. Address by Dr. Alex. Lambert, President of A. M. A. and brief address by Dr. D. P. Eagleton. Reception to the medical men who were "in service."

Section Meetings: On Eye, Ear, Nose and Throat, Nov. 10, at 8.30 P. M.; Medicine and Pediatrics, Nov. 11, at 8.30 P. M.; Surgery. Gynecology and Obstetrics, Nov. 25, at 8.45 P. M.

Physicians' Club of North Hudson.

C. V. Niemeyer, M. D., Secretary.

Last season our meetings were suspended on account of war and influenza. Last month we reorganized. Dr. J. L. Evans of Woodcliff was elected president and a membership campaign started. The object of this campaign is to get new members for the county society, as well as for our club.

Our first regular meeting was held October 6. Drs. Quigley, Poole, Curtis and Callery, lately of the U. S. service, gave short talks on their experiences in the army. Speaking informally, describing some trying situations and a few humorous ones, they gave us a vivid picture of the army doctor's life in war time.

Part of the meeting was given to a discussion on medical economics, a subject in which the club is taking a lively interest.—C. L. De Merritt, M. D., reporter.

William Pierson Medical Library Association.

The annual meeting of this association will be held Tuesday, November 4, at 8.30 P. M., in the Library building, Orange.

Lieut. Colonel Ralph H. Hunt, of East Orange, will address the association on "Medical Work in the Army."

American Child Hygiene Association.—The American Child Hygiene Association will hold its annual meeting November 11th-13th at Asheville, N. C., concurrently with that of the Southern Medical Association.

The New Jersey State Board of Medical Examiners, at a meeting held Oct. 20, 1919, revoked the license of I. Alfred Lawrence to practice medicine and surgery in the State of New Jersey. County Clerk Martin has been officially notified to cancel said license in the county records. Charges were preferred against Dr. Lawrence, a colored man, by the Union County Medical Society about the first of this year. Dr. Lawrence, who maintained an office in Elizabeth, but whose present residence is Newark, was found guilty of having performed a criminal operation, the case attracting considerable attention at the time. The court fined him $1,000.

THE JOURNAL
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Each member of the State Society is entitled to receive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—
All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to The Editor.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal are sent direct to The Chairman of the Publication Committee.

"That life is long that answers life's great end."

The Editor regrets exceedingly that he did not receive notice of the Centennial Celebration of the Cumberland County Medical Society prior to its occurrence. His attention was called to an announcement of it in a Philadelphia newspaper which appeared three days before and he immediately sent the following message which, he is sorry to say, was not given to the Society: "Will you please give my heartiest congratulations to the Society on its past record and my wishes that its future record may be even more successful and glorious as its members catch the spirit of its members who honored the Society and the profession generally by their splendid World War record." All our members will endorse that message.

A report of the celebration appears in our "County Society Reports" columns, and we hope to receive the Historical Address delivered by Dr. T. J. Smith for insertion in our December Journal.

A "History of the Medical Men and of the District Medical Society of the County of Cumberland," presented at the Semi-Centennial of that Society by Drs. Bateman, Fithian and Potter, appeared in the 1871 volume of Transactions, pages 105-188.

Dr. W. J. Chandler, our Secretary, who was invited to attend the Centennial meeting and planned to do so, was prevented by an imperative call elsewhere.

It was the Editor's great pleasure to accept the invitation to attend the nineteenth annual meeting of the Tri-County Medical Association—Morris, Sussex and Warren Counties—at Hackettstown, on October 14. It was an excellent meeting. The papers on "Influenza" by Dr. Williams, president of the association, and of Dr. Paul Correll of Easton, Pa., and the discussion which followed were exceedingly interesting and instructive. President Dickinson of our State Society was also present and we were indebted to him for a delightful ride in his auto, homeward. See page 107 for account of the meeting.

UNITED WE WILL STAND.

The West Virginia Medical Journal in its October issue inserted our editorial—Your County Society—in its editorial columns and added the following under the above caption, which we commend to our readers as worthy of their careful reading and thoughtful consideration, followed by their persistent self-denying action:

Often it has been urged in the Journal that our profession is not getting the membership of the county societies to the top-notch. It seems that the editors of other state journals have been worrying over these same matters as is evidenced by the above from our sister Journal of the New Jersey Medical Society.

All of us realize that all over the world there is a spirit of unrest. It seems that all of humanity is rousing as from sleep and beginning to look about. No one is satisfied with things as they are or have been. It is well that this is so for otherwise there would never be any advancement. Still there is danger of great disaster overtaking us, if we are not on guard. The various organizations and combinations not only of labor but of capital as well seem for the time to be in more or less of a chaotic condition. Each trying selfishly to make all the others of the citizenry give of its rights and privileges that their particular Eutopian plans be realized.

Physicians have always gone ahead with the day's work and because, as a whole, they have been members of a profession whose sacred tenet has been service to their fellow men, they have felt it degrading or unprofessional to organize for the purpose of gaining material ends.

Many bills are now being presented to various law-making bodies dealing with various phases of the Public Health. Some styled Workmen's Compensation Acts; others for plans of Health Insurance, et cetera. These matters are of vital importance to our profession. It is a time of great gravity to Medicine. Unless we have the very strongest union of our whole membership and act forcefully not only will great handicaps be laid upon us but much unwise legislation done which will not give the individuals of society as a whole the best of our knowledge and skill.

Had every eligible physician in West Virginia been in the county and state organizations and had we worked as unitedly as the various unions and brotherhoods, we cannot but feel that our Workmen's Compensation Act would have differed quite materially from what it is. Surely the medical profession of West Virginia has much to complain of regarding the workings of this law in its administration. One has but to attend an annual meeting to learn of this. Still are we not to blame ourselves that we have no greater part in the framing of this act? Try to pass an act setting a price upon the services rendered by bricklayers, machinists or the Brotherhood of Railway Trainmen without consulting them and see what would happen.

The time is approaching when the annual election of offcers for the local socities takes place. Let me beg of you to elect men who will work faithfully to make your society strong. Then let us all go after every man in the county who is eligible and get him into the fold. The suggestion of the New Jersey editor to have a reporter who will report seems to me an excellent one. Just note how few county society reports our journal has had in the past year.

Unless the medical profession does awaken and proceed rapidly to develop a strong and aggressive spirit, it is going to very shortly find itself traversing very rough seas.

No better way to begin can be thought of than to elect strong officers and increase our membership to its full strength, which means every physician of good standing in the state. Then work industriously not only to increase our scientific attainments and so our value as physicans, but as well, to guard our rights.

We must develop some business ability as well as scientific.

A UNITED PROFESSION.

Let us fully realize that the overthrow of existing and the defeat of proposed "menaces to professional dignity and efficiency," and the doing away with the "practice of medicine by quacks and freaks," require a *united* profession, organized and active.

The doctors who refuse to join county medical societies, or who, being members are "too busy"—looking after their personal pecuniary interests, or are so indifferent concerning their brethren's, their profession's or humanity's interests, that they do not attend the meetings or show willingness to *serve* on committees, are largely responsible for existing or threatened menaces and for the continuance of the illegal practice of medicine.

The war is over and the call is urgent and persistent for a united medical profession—not for the profession's exaltation but for the welfare of humanity for whose rights we have been fighting. Let *every member* be as loyal in serving humanity henceforth as have been our members who have rendered such splendid service in the M. R. C. and other World War work. That will be honor and glory enough for our profession and for every man who shares a part in it because of faithful and efficient service. —The Medical Times.

We take the following from the Michigan State Medical Society Journal and commend it to the favorable consideration of every county medical society in New Jersey:

As an example of organized effort and Society Activity we commend and call to the attention of other county societies the plan that the Attawa County Society will carry out during the first part of September.

On certain selected days, the officers of the society with several members accompanying are going out in their automobiles to call on every doctor in the county. They are going to stimulate the regular members to renewed interest and activity in their society. Likewise they are going to point out to non-members the reason why they should become members.

In brief, they are going to stir up professional interest and activity in their county society, become better acquainted with each other and plan for a winter of profitable meetings and organized activity and life. It is a splendid movement that may well be employed by other county societies.

If you have an idea, though or suggestion either for the Journal, the county societies or for our members as individuals, send it along. We want to inspire and stimulate an intercommunication and relationship amongst all our members for the general good of the profession. The journal is the medium at your disposal for doing so.

We take the two following items from the Michigan Medical Journal. They apply to New Jersey also:

This harping and everlasting commenting upon the need of active participation in society work through your local county organization is not a pleasant editorial task. Nevertheless it seems that in doing so we succeed in a measure in stimulating a moderate degree of enthusiasm and interest. Frequently it's only very moderate and hardly justifies being termed enthusiasm. Sometimes we admit discouragement and feeel that probably a good hard jolt will be beneficial. Said jolt to be caused by everyone indulging in several months of hiberation followed by an awakening that we have lost out, individually, collectively, professionally and financially in our sphere of medicine and surgery in its relationship to the public, state and nation. We preach the need of organizational activity, the need exists, but the response is often very, very feeble. Will someone please rise up and tell us why?

"Let's Go" was a favorite doughboy expression. It's applicable to our organization right now. "Let's Go" to our County Society meetings and as County Societies "Let's Go" on a series of meetings that will attract and interest every doctor in your vicinity—What do you say?—Let's ALL Go?

The Editor has been so overworked recently, in changing residence, etc., that he has been compelled to cull editorial matter largely from other Journals. Next month we will give a lengthy report of the Philadelphia County Medical Society's meeting, when eminent lawyers and doctors discussed the subject of Health Insurance. Our members should be thoroughly informed on it.

We rerget the non-arrival of reports of the October meetings—mostly annual—of the following county societies: Bergen, Burlington, Camden, Mercer, Sussex and Warren. Hudson came too late for insertion in proper place. Somerset was sent to Orange instead of New Brunswick, received too late to be set up this month.—Editor.

Notice of the death of Dr. Stephen J. Keefe, one of the most prominent physicians of Elizabeth, came as the Journal goes to press. Further notice will appear next month.

HUDSON COUNTY.

William Friele, M. D., Reporter.

The annual meeting of the Hudson County Medical Society was held October 7, 1919, at the Careret Club, Hudson Boulevard, Jersey City, President John Nevin in the chair.

After the transaction of routine business, it was ordered that the Compulsory Industrial Insurance Problem be referred to the Legislative Committee and be reported back to the society after the committee has made an exhaustive study of the subject.

Dr. Quigley brought up the subject of the illegal practice of medicine in the county. Dr. A. P. Hasking stated that if the county society made any charges as a body, it might be sued and held legally liable; that the proper procedure is to notify the county prosecutor who in turn will investigate if sufficient evidence is found will present the same to the grand jury for an indictment.

The following men were proposed for membership: Drs. Maurice Shapiro, Bayonne; John Botti, Jersey City; Theodore J. Jacquemin, West Hoboken; William T. Callery, Weehawken; Frank Pearlstein and H. F. Tidwell, West New York.

The following officers were elected for the ensuing year:

President, Dr. Bert S. Pollak, Laurel Hill; vice-president, Dr. Fred J. Quigley, Town of Union; secretary, Dr. Charles H. Finke, Jersey City; treasurer, Dr. Henry H. Brinkerhoff, Jersey City; reporter, Dr. William Friele, Jersey City; censor for three years, Dr. George H. Sexsmith.

The paper of the evening was read by Dr. J. S. von der Lieth, Sc. M. of the County Laboratory, Jersey City, on "Bacteriological Study of Food Products." After discussion the society adjourned.

The Working of Health Insurance in Germany.—Quite recently, the Kolnische Zeitung reminded its readers that every political party in Germany, including the most extreme Socialists, were united in praising the medical profession for its devotion, skill, and self-sacrifice during the war. But physicians cannot live merely by fine words, and the National Assembly, without protest from any of the political parties, has sanctioned alterations in the regulations for compulsory insurance that will ruin the profession. Before the war, the compulsory insurance scheme applied to the laboring classes and to those who earned incomes less than $625 per annum. Persons who could satisfy the authorities that their earned incomes did not exceed $1,000 per annum were also permitted to join the scheme if they so desired. The fees which physicians received on behalf of those insured persons worked out to not more than eight cents a visit, with the result that to make a living a physician had either to undertake more work than his own health or his medical conscience could justify, or to increase his income by private practice.

The Center brought up a proposal to raise

the limit of compulsory insurance to incomes of $1,000 per annum, and of voluntary insurance to $1,500. The Socialists proposed that the compulsory limit should be $1,500 and that there should be no limit to voluntary insurance. The Socialist scheme was adopted, with the result, it is rumored, that some 21,100,000 persons who formerly were private patients will now be under the insurance scheme—and the medical profession will be ruined.

Conference of Industrial Physicians and Surgeons.

This conference was held in the hall of the House of Representatives, Harrisburg, Pa., September 22, 1919, under the direction of the Division of Industrial Hygiene and Engineering of the Department of Labor and Industry, Commonwealth of Pennsylvania, of which Francis D. Patterson, M. D., is chief and who presided at this conference. The afternoon session was devoted to a Symposium on Health Insurance. Papers were read by John B. Andrews, Ph. D., Secretary American Association for Labor Legislation, on "State Medicine or Health Insurance—Which Would be Best for the Medical Profession—for the General Public"; George E. Tucker, M. D., of the Aetna Life Insurance Co., Hartford, Conn., on "Has the Medical Profession Adequately Met Its Responsibilities?" and John A. Lapp, Managing Editor of Modern Medicine, Chicago, Ill., on "The Cost of an Adequate Medical Service under Health Insurance." A general discussion followed, several doctors and labor leaders participating. The Editor hopes to give our readers, in the near future, the excellent paper read by Dr. Tucker. He is indebted to Dr. Patterson, chairman of the conference, for a stenographic report of our remarks in the discussion which, by request, we insert, as follows:

Dr. David C. English, New Brunswick, Editor of the New Jersey State Medical Journal: I was pleased to receive an invitation from the honored chairman of this conference to attend this meeting. I have been intensely interested in the subject of Health Insurance. I think it is one of the most vital subjects for the medical profession's consideration and most vital in its relation to the highest and best interests of humanity. I did not come here to say a word. I had made up my mind that I would only listen and learn, that I might go back prepared to meet this question. I have been exceedingly pleased at some of the things that have come out in this discussion. The first speaker said that Health Insurance had not been clearly defined; that there was no clear-cut plan formulated; that men should have opportunity to thoroughly understand what they are going to do when they vote on this great question. "We cannot fully give you the facts and figures to-day," he said.

I am personally acquainted with Frederick L. Hoffman, Ph. D., of our State, who is surely the ablest statistician in the United States, and he differs **in toto** with the speakers in regard to most of the facts and figures given here to-day. At the recent meeting of the Medical Society of New Jersey he made an address in which he said that the passage of the proposed law meant the degradation, if not the ruination, of the medical profession. I wrote him for some facts for our Journal of which I have the honor of being Editor. He wrote back saying: "I am just getting ready to go to Europe, I sail within a week, and largely for the purpose of making an investigation of Health Insurance in England. I mean to give it a most thorough investigation—an investigation without prejudice, and I will bring back the facts." I am not going to make up my mind until he returns to give us the facts; but I have some facts from Germany, which another able man investigated. Judging from his facts and a medical paper's statements—an extract from which I hold in my hand—I am afraid that instead of the medical men of Pennsylvania reaping $5,400 a year from Health Insurance, if they go into it—as has been stated here to-day, the five thousand might be thrown off, and that the sum they would get would be more likely the remaining four hundred.

Now, sir, here are some statements concerning an investigation made in Germany; these show that a certain class of medical men were paid for their services under health insurance eight cents a visit—not $2.50 as prophesied here to-day. They were so crowded with cases that they could only give about three minutes of time for the examination of a patient. Are these facts? They are given to us by thoroughly qualified men and they say that the Socialists in Germany are now wanting to bring within the range of Health Insurance work 21,000,000 more laborers who are now private patients. I will not attempt to argue the question, but it is my firm conviction—from present knowledge—that compulsory health insurance will prove as injurious to the so-called labor men as it has been and will be to the interests of the medical profession.

Do not let us, gentlemen, make up our minds too quickly in regard to Health Insurance laws. Let us remember that, "It is not clearly defined and there is no clear-cut plan presented for our consideration." I contend that we need to study this matter, and study it very carefully. I do not think that New Jersey, Pennsylvania or any other State ought to take action on any bill under two years' time from now. Has the medical profession been consulted. Senator Colgate of New Jersey followed Dr. Hoffman at our State Society meeting and he said, "Gentlemen, I wish that you medical men of New Jersey would come and consult with us—the Commission in this State that has it under consideration." I think Dr. Hoffman had opened his eyes to the importance of not ignoring the medical men in this matter.

I was deeply interested, sir, in the paper read by Dr. Tucker. It was one of the finest papers I have ever listened to. He gave us a great many facts and suggestions. We have been talking a great deal about "Making the World Safe for Democracy." If you drag down the medical profession you will drag down one of the organizations that has greatly helped to make the world safe for Democracy. I am not here to magnify the medical profession. I leave it to General Pershing, General Foch and General Haig to say what the medical men in the service of our country have demonstrated and what the world owes to the medical men in making the world safe for Democracy.

Special War Items.

Honorable Discharges Medical Corps, U. S. Army.

Members of the Medical Society of N. J.
Curtis, Grant P., Union Hill.
Harvey, Thomas W., Jr., Orange.
Jedel, Meyer, Newark.
Reiter, Walter, Newark.
Shangle, Milton A., Elizabeth.
Summers, William J., Boonton.
Thomas, Claude W., Woodstown.
Avidan, Maurice S., Newark.
Haussling, Francis R., Newark.
Hunt, Ralph H., East Orange.
Ill, Edgar A., Newark.
James, William, German Valley.
Martindale, J. Watson, Camden.
Rosenberg, Jacob, Jersey City.
Street, Daniel B., Jersey City.

Demobilized Men Healthy.—The War Department reports that for the week ended July 5 there was a continuation of the excellent health conditions of the army both in this country and in Europe. More than 93 per cent. of the 2,000,000 officers and men of the army who have been discharged since the signing of the armistice left the army with a clean bill of health. Of the remainder, 6 per cent. were reported to the Bureau of War Risk Insurance because of d'sabilities and one per cent. were kept on account of communicable diseases. The negro troops showed a slightly better physical condition than the whites but a higher percentage were held for communicable diseases.

The Doctor's Part.

The doctor's part in this war exceeds in importance that played by the doctor in any preceding war. His most important role has been played in preventive medicine.

Dr. W. W. Keen has said that during the Civil War 80,000 of the troops engaged suffered from typhoid fever. During the war with Spain in the army of 180,000 there were 20,700 cases. During the present war, less than 200 of the troops in our own army have had this disease. The new lipo vaccine T. A. B. of the French Army, which gives immunity after a single injection, promises not only to simplify and accelerate the administration of the preventive vaccine but will probably lower the morbidity and the death rate still further.

The prophylactic measures against veneral disease have also had a very marked effect, though this appears more strikingly in the lower sick rate than in the mortality; but the low sick rates is a matter affecting vitally the effectiveness of a command. * * *

The fiendish ingenuity shown by the Germans in adding new horrors to war by the use of poisonous and irritant gases has called for the display of an equal or superior degree of ingenuity in creating means of defense, and this too has been the doctor's part, for the gas defense service was originally organized by the surgeon general though the work is now carried out by chemists. In the field of treatment, too, the doctor's part in this war transcends in importance that played by the doctor in any previous war. The Carrel-Dakin, the De Page and other methods of treating wounds, and the De Sandfort method of treating burns, the method of treating gas burns, devised by our own pharmacists in the chemical service, the wonderful results achieved in plastic facial surgery and in reconstruction are all new, and these form but a portion of the doctor's part in the war. Through these curative methods, something like ninety per cent. of the wounded are returned to duty. * * *

To write of war is also the doctor's part and reams have been written by the doctor, most of it technical and didactic. For the doctor who is in active service in this war is a student in the greatest medical school of all time, and must perforce put down for the help of others what he has himself but just now learned. It is indeed significant of the place filled by the doctor that, with us, the term doctor, which in its original significance meant teacher, should come to mean practitioner of medicine. For every practitioner of medicine is a teacher, the general practitioner teaching his patients the laws of health and the methods of conserving it, while the specialist in turn teaches his fellow practitioners what he learns in his own particular field. The doctor's part in this war has indeed been most helpful and most creditable both as a participant and as a teacher.—N. Y. Med. Jour.

Fort McHenry Hospital.

More than 80,000 wounded soldiers returned form overseas service have been treated at the government hospital at Old Fort McHenry. This number comprises a fifth of the entire number of soldiers of the American expeditionary forces who were wounded. In making public these figures Colonel Joseph H. Heller, government inspector of the hospital, declared more soldiers had received treatment in the Fort McHenry Hospital than at any place in the country and that a greater number had been cured in its wards than elsewhere. The facial reconstruction science, the colonel asserted, has here attained perfection.

Rehabilitation Hospitals Train 25,600.

Returns of the General Hospitals where disabled soldiers, sailors, and marines are receiving restorative treatment and vocational training contained the names of 25,600 officers and enlisted men of the army on July 1. Most of these men will be in the hospitals from two to four months.

Dr. Clarence Way, Sea Isle City, Major M. C., U. S. Army, who has been on duty in France since March 1917, and is at present chief of the medical service at U. S. Army Camp Hospital No. 21, Autiel, Paris, has been ordered to Warsaw, Poland, to make a study of medical and sanitary problems of the Polish republic, and expects to remain in Poland for about six months.

Dr. Fred H. Albee, Colonia, Colonel Army Medical Corps, sailed on the Mauretania, October 2, as official representative of the Medical Corps of the U. S. Army to the Interallied Congress in Rome. He expects to return about November 1.

Therapeutic Notes.

Asthma.

Dr. C. G. Cumston suggests the following:
Potass. iodid., 5 grammes;
Liq. ammon. anis., 5 Cc.
Aq. dest., ad 150 Cc.
M. S.: A soupspoonful in milk three times daily.
In place of this to relieve spasms:
Atropin, sulph., 5 centigrammes;
Acid. arsenic., 10 centigrammes;
Quinin. hydrochlor.,
Ext. gentian., aa 5 grammes.
Ft. pil. no. 100.

Loss of Hair as a Sequel to Influenza.

Marsh, in the Medical Times for May, 1919, states that the loss of hair usually begins in from one to four weeks following the original fever. In all of the cases seen by him the loss has been extreme, in one case one-quarter in one week; in another a half in less than two weeks.

Treatment has been limited to daily applications of a stimulating lotion with vigorous massage. The following is recommended:
Mercury bichloride, gr. ss;
Tr. cantharides, mins. xxx;
Chloral hydrate,
Resorcin, aa ʒj;
Castor oil, gtt. xxx;
Alcohol (70%), q. s. ad f℥iv.

As a rule the prognosis in these cases is good, but it is rather early to say much concerning prognosis in this particular group following influenza. In the younger patients it would seem to be good, as already in some new hair has been observed growing vigorously.

Whooping Cough.

Quinin. hydrochlor.,
Antipyrini, aa 2.5 grammes;
Aq. dest., 75 Cc.;
Syr. ipecac. ad 100 Cc.
M. S.: A teaspoonful three times a day (Heubner).
Potass. bromid., 7.5 grammes;
Ammon. bromid., 5 grammes:
Aq. dest., ad 200 Cc.
M. S.: A teaspoonful three to five times daily (Liebermeister).

Cough.—A peerless remedy for cough is said to be bromide of ammonia, six drams in four ounces of water. Of this, the adult dose is a teaspoonful in water, before meals and on going to bed.

Treatment of Colds.—Dr. D. C. Dennett has treated over two thousand "colds" with 25 per cent. to 50 per cent. solutions of silvol and argyrol applied locally, combined with certain internal medication which was varied to suit the case. A cold may remain localized for weeks with no subjective symtoms. Early and proper local treatment may abort the attack or greatly lessen its virulence. Treat the eyes first by applying to the everted lids a 50 per cent. solution of silver vitellin. Give the patient a 25 per cent. solution of argyrol for home treatment and have him put one drop in each eye every three hours and two drops in each nostril. Always treat the post-nasal space with a syringe and never with an applicator. After applying the silver to the pharynx with the syringe, direct the patient to hold his head down for a moment and as soon as the medicine appears in the nostrils the head should be held up and back and the silver snuffed up. The patient must not blow his nose after the treatment for at least an hour and not dislodge the silver-impregnated mucus in the postnasal space. The treatment is best given at bedtime. If the patient is up and about he should wear warm stockings, if in bed a hot water bottle should be placed at his feet. Rest is of great importance. Forty-eight hours in bed during a cold may prevent pneumonia.

Spraying is to be discouraged. Gargling may do good. A blood warm alkaline nasal douche, given with the Birmingham device, is useful if there are dust and dirt in the throat and nose. This should be followed by oil vapor, and this by a 25 per cent. solution of silvol or argyrol. Give sulphate of atropin and aconite in the first stage of "head colds"; steam and oil inhalations and warm air for "loss of voice colds"; Dover's powder early for "cold on the chest." Do not give aspirin for pain, and do not give quinin and whiskey.—(Boston M. and S. J.)

Treatment of Obstinate Hiccough.—D. Francisco Venegas (Revista de Medicina y Cirugia Practicas, July 28, 1919), describes his method of treatment of persistent hiccough. This consists in flexing the legs on the thighs, then the thighs on the abdomen, exerting considerable pressure for a period of at least several minutes. The action is that of pushing the abdominal organs upwards so that they in turn exert pressure on the diaphragm. This method was first advocated by Jodicke, and the essential point in the technic is the sustaining of the maximum flexion for a sufficient time to assure a disappearance of the diaphragmatic spasm.

Therapeutics of Pneumonia. — Dr. Alfonso Arteaga, in Espanola de Medicina y Cirugia, strongly advocates the application of wet packs to the thoracic wall with a counter-irritant solution composed of three c.c. of turpentine and five c.c. of spirits of camphor in one litre of water, repeated every two to three hours. Two hygienic conditions are indispensable—pure air and sufficient humidity to avoid scanty tenacious sputum and the fatigue involved in its expectoration. Digitalis in the large doses recommended by Bernheim, Petrescu and others is not as desirable as the smaller doses advised by Landouzy; alcohol is not to be used as a specific but as a sustainer of strength, as in other infectious states. Collargol in Arteaga's hands has given admirable results when administered by mouth in glycerin and egg albumen. While vaccines have proved efficacious in the prophylaxis they have not yet been found reliable in the treatment of the actual disease. Serum therapy against Types I and II as evolved by Cole, of New York, has given a reduction of mortality of from twenty-five per cent. to 6.6 per cent. in Type I and from sixty-one per cent. to twenty per cent. in Type II. In secondary pneumonias supportive treatment is the keynote and various sera, such as antidiphtheritic, antistreptococcic, or plain

horse serum, have been advised to produce leucocytic activation and increased phagocytosis, but this action is uncertain. Patients might be benefited by an autogenous vaccine, beginning with small doses and increasing to the maixmum dose short of severe reactions.

Cystitis.—Before instituting treatment for cystitis in a patient presenting an irritable bladder, examine the urine for uric acid. An abundance of uric acid is frequently the cause of the irritation.

Care of the Eyes.—The adjustment of the frames of glasses is as important as the correct strength of the lenses. Many a time properly prescribed glasses fail to remove eye strain because of faulty adjustment of the frames.—W. M. Carhart, Pub. Health, Michigan.

Treatment of Syphilis in Tuberculous Patients.

Dr. Elliott, in the Amer. Jour. of Syphilis concludes that mercury should be used with great care in tuberculous patients, and that the deleterious effect is not immediate, but appears several months after the institution of administration of the drug, as was pointed out by Hartz. Therefore, arsphenamine (salvarsan) seems to be the drug of choice in such cases, but should be given in small doses at long intervals, inasmuch as the ordinary dosage accentuates active foci and is prone to cause a flare-up in latent lesions.

Obesity.—Dr. Cora S. King of Washington recently read a paper on "Obesity." She said: Obesity was characterized as a disease, caused by a disturbance in the functioning of the ductless glands, and not due to "appetite" or the amount of food consumed. She outlined the following diet: Breakfast, between 8 and 9 o'clock, consisting of two glasses of water or a cup of coffee, with two spoonfuls of sugar; luncheon, between 12 and 1 o'clock, to consist of as many raw peanuts as one wished, but eaten slowly and thoroughly masticated, with one or two glasses of hot water; another meal between 3 and 4 o'clock, when the bodily energy was said to be at its lowest ebb, and consisting of a glass of lemonade, sweetened with not more than two spoonfuls of sugar; dinner in the evening, of fish, meat or cheese, but not more than one-fourth of the usual portion, a green salad without dressing, save a few drops of lemon juice, made of lettuce, cabbage, cucumbers or onions; one small white potato without butter and one-half cupful of a cooked green vegetable, such as spinach, kale, string beans or cabbage, and eight ounces of water, followed by a supper before bed time of a few more peanuts and a glass of lemonade, again with not more than two spoonfuls of sugar. Salt and seasoning in general were to be avoided, as were also bread and butter. No desserts should be indulged in and cabbage barred when stewed with meat. For variety's sake cheese or an egg might occasionally take the place of the peanuts or be added to the breakfast menu, and Wednesday and Sunday could be celebrated with wheatcakes, not more than two in number, or a bit of ham or bacon. Medicines were not needed, she thought, except castor oil.

Hospitals; Sanatoria, etc.

Bridgeton Hospital

This hospital reported its September record as follows: Patients admitted, 43; patients discharged, 37; patients operated on, 28; died, 5; births, 3; remaining September 30th, 21.

Salem County Memorial Hospital.

Dr. W. H. James, secretary of the staff, sends the following:

The hospital opened its doors for the reception of patients September 1st.

Number of patients admitted, 82; number discharged, 67; operations performed, 39; number of births, 6; deaths, 0; remaining in hospital Sept. 30th, 15. This hospital is dedicated to the soldiers and sailors of Salem County who participated in the Great World War.

A Coit Memorial Hospital.—The memorial committee of the Citizen's Health Committee of the Board of Trade of Newark has suggested the erection of this hospital as a tribute to Dr. Henry L. Coit. Drs. E. W. Murray and Florence Voorhees have been active in this matter and will confer with the directors of the Babies' Hospital.

Jacobi Memorial Hospital.—An Abraham Jacobi Memorial Hospital is being planned by a committee of which Dr. S. Robert Schultz is executive director. The hospital will be erected in the Washington Heights section of New York because of the lack of hospital facilities in that locality. An active campaign to obtain the necessary funds will be commenced in November.

Gifts to Hospitals.—St. Peter's General Hospital, New Brunswick, is to receive $500 according to the will of the late Rev. Hagerty. Cooper Hospital, Camden, by will of Oliver D. Wood is to receive $30,000 for the establishment of five beds, in memory of his father, his mother, his two sisters and himself. He also left to West Jersey Homeopathic Hospital, Camden, $5,000.

Hospital Floors.—No floor can surpass a wooden floor for cleanliness if properly laid filled and dressed, and none can be more abominable if these precautions are neglected. For all-around service, fine-grained maple is probably the best that is available. It is quite as tough as oak, and nowhere near so brittle as kiln-dried oak; it is more elastic than oak and is finer in grain.—Jacques W. Redway, in The Medical Times.

Prohibition Hits Hospitals.—William D. McAllister, superintendent of "Blockley," states that admissions from July 1 to 15, were one-half as large as for the same period last year. Superintendent McAllister said that the number of inmates of the women's almshouse department at Blockley and in the men's department at Holmesburg is the lowest it has been for some time. There are 811 men and 631 women. Rum and social disease are stated to be responsible for 70 per cent. of the admissions to the almshouses.

Bonnie Burn Sanatorium.

Dr. John E. Runnels, Superintendent, reports that on Sept. 1st there were 205 patients present in the sanatorium, 119 males and 86 females. This number includes 22 males and 35 females in the preventorium. During the month 30 patients have been admitted, 15 males and 15 females. Eight of these admissions went to the preventorium. Among these admission there were 4 readmissions. The admissions are classified as follows: Pretubercular, 7; incipient, 3; moderately advanced, 4; far advanced, 16. The largest number of patients present at any time during the month has been 210, smallest number 203. Patients present Sept. 30, 206.

Glen Gardner Sanatorium.

Dr. S. B. English's report for September showed there were in the sanatorium on September 1, 224 patients, of whom 127 were men and ninety-seven women. During the month seventy-six were examined, of whom fifty-two were accepted, thirteen deferred and eleven rejected. There have been eighty-one admitted, he said, of whom thirty-seven are incipient, four moderately advanced and four advanced.

During the month sixty-five were discharged, the disease in fifteen was arrested, eight were apparently arrested, fifteen quiescent, sixteen improved, ten not improved and two died. Of the present population of 237 Dr. English said ninety-six are incipient, 115 moderately advanced and twenty-six advance. The average residence of the outgoing patients is 158 days. The maximum gain in weight is thirty-four pounds. The total number to gain was forty-eight, to lose, five and those neither gaining or losing six. Also six were not weighed. At present there is a waiting list of eighteen women and two men.

Third Survey of Hospitals.

The third survey of hospitals being made under the auspices of the American Medical Association is now well under way. Through an extensive correspondence and a third questionnaire the association has collected a mass of information on the subject. Much of this material has been tabulated and forwarded to committees in each state representing the state medical associations. Most of the state committees have arranged definite lines of action and by inspection of the hospitals or by other methods are securing first-hand information by which the data collected by the association is being carefully checked. The immediate end sought is to provide a reliable list of hospitals which are in position to furnish a satisfactory intern training. The investigation is not limited to intern hospitals, however, but will cover all institutions and the data obtained will be useful in any future action which may be taken in classifying hospitals. The work in New Jersey is in charge of a committee of which Dr. John C. McCoy of Paterson is chairman, and the other members being Dr. Emery Marvel, Atlantic City; Dr. Henry B. Costill, vice-president, Medical Society of New Jersey, Trenton; Dr. Alexander Marcy Jr., Riverton; Dr. W. Blair Stewart, Atlantic City; Dr. Gordon K. Dickinson, president, Medical Society of New Jersey, Jersey City. The closer relationship which the hospital now bears to the public in the community which it serves, makes it all the more important that the service rendered by it shall be excellent in character.

Marriages.

FURMAN—PRYOR.—At Newark, N. J., September 27, 1919, Dr. Benjamin A. Furman, to Miss Helen Pryor, both of Newark.

SCHECTMAN-ABRAMS.—At Newark, N. J., August, 1919, Dr. Vera Schectman of Newark, to Maurice Abrams of Hightstown, N. J.

Deaths.

FELDMANN.—In Newark, N. J., October 8, 1919, Dr. Max Feldmann, aged 47 years.

Dr. Feldmann was born in Newark. He was a graduate pharmacist as well as physician. He took his medical course at the Medical School of the University of Pennsylvania and and was graduated there in 1898. In addition to his private practice he was assistant to the supervisor of medical inspection in the public schools and was at the head of the medical department of the public school clinic. He was also in charge of the Elizabeth Avenue Open Air School and the open window classes and was in the medical staff of the Beth Israel Hospital. He was a member of the Masonic order.

VAN RIPER.—At Pasadena, Cal., October 9, 1919, Dr. Cornelius S. Van Riper, aged 82 years.

Dr. Van Riper graduated from the College of Physicians and Surgeons, N. Y. City, and practiced medicine in Paterson, N. J., for years.

IN MEMORIAM.

Abram Eldridge Carpenter, M. D.

Abram Eldridge Carpenter, M. D., was a son of Isaac and Marie Carpenter. He was born in Springtown, Warren County, New Jersey, June 2d, 1852.

He received his preparatory education at Gettysburg, Pa., and graduated in medicine from the University of Pennsylvania in 1874. He settled in Boonton for the practice of his profession, in the summer of 1874. In 1878, he married Miss Mary Able, daughter of Mr. and Mrs. John Able of Boonton. Mrs. Carpenter, his wife, died in 1886. He did not marry again. In 1889 he took a post-graduate course in Germany and in France.

He was mayor of Boonton in 1901, and showed intense interest in the welfare of the town and the promotion of all matters and things tending to progress and prosperity.

He was a member of a number of societies and clubs, among them the American Medical Assocation, the State Medcal Society and the Morris County Medical Society. In all the societies with which he held membership he was held in highest esteem. He was a Royal Arch Mason, Past High Priest of Boonton Chapter No. 21, and P. D. D. of the Grand Lodge of New Jersey.

Dr. Carpenter died on April 7th, 1919.

Dr. Carpenter was a physician of the highest type; a gentleman of the old school and a man of marked pleasing and forceful personality. By education, experience, inclination and temperament, he was graciously prepared for the duties that developed upon him. He was independent in spirit, free from affectation and he sought in all that he did, to perform the highest duty to his country, his profession and himself.

His circle of sincere friends was a large one, and his grasp of their hands always carried with it that order of cordiality which characterizes a true friend and a gentleman. He possessed the rare faculty of making those he chose to have about him, understand his sincerity and charmed them with his lovely comradeship. Courtesy was as native in his breast as was the great heart confined therein. He loved his professional work and was devoted to his patients, and thousands of them mourn his departure from life's activity. His professional brethren hold his memory in sacred reverence.

IN MEMORIAM.

Max Feldmann, M. D.

Dr. Max Feldmann died October 8, 1919, in his 47th year. He is but a memory now. His life was a worthy one. He was kind to all. He was a friend indeed. To him friendship meant sacrifice. His respect for others was one of his many excellent attributes. In return, he was highly respected. He was most upright in his dealings with his fellowmen. His name is a synomym of honesty. He was always ready to help in the advancement of his professional brethren. He was charitable in his opinion concerning others. He never failed to uphold the dignity of the profession. He was a good physician. His patients recognized in him a true friend. He was a devoted husband and a good father.

Those of us who knew him well, will miss his good natured personality. It was a pleasure to come in contact with him. He made a person feel welcome in his presence. There is no greater virtue than that. It makes life worth while.

It is but too true that his death was untimely. But if we are to see to it that our last act in life should be a good one, then Dr. Max Feldmann was always prepared for the end.

He was a man about whom one could speak sincerely in life, as we are now referring to him in death. His is a deserving eulogy. He was one of those all of whose good is not interred with the bones.

Oh, the feeling that surges in one's breast, now that he is gone! Who can restrain the tears? We can recall the last time we conversed with him—his ever-smiling face—his philosophical outlook on life. Oh, the burning thoughts of it all—the inevitable.

He will ever be enshrined in our hearts as a man worthy to emulate.

Louis Weiss, M. D., Newark, N. J.

Air Medical Service Bulletin.—Congress has been asked by Secretary of War Baker to authorize the publication, at government expense, of what would be known as the Bulletin of the Air Medical Service.

Personal Notes.

Dr. Augustus L. Baker, Dover, has moved from Essex street to 34 North Bergen street.

Dr. Willett Wells Brown, Montclair, has returned from his vacation spent at Beach Haven, Conn., and has moved to his new home on Church street.

Dr. Archer C. Bush, Verona, who served at emergency hospitals at the front, spent a few days with his family recently at his home. He expects to be discharged from the service soon.

Dr. Harry B. Epstein, Newark, is surgeon in charge of the relief station for discharged soldiers who are disabled, at Red Cross headquarters, 1024 Broad street, Newark. Dr. Hermann Busch is assistant. About 25 applicants are examined daily.

Dr. Harvey M. Ewing, Upper Montclair, has opened an office for the diagnosis and treatment of cardio-vascular diseases, at the Aldine Building, Newark.

Dr. David H. Oliver, Bridgeton, while working in his garden was bitten on the right hand by a spider.

Dr. Walter C. Reiter, Summit, has moved his residence to 39 Woodland avenue, Summit.

Dr. Wells P. Eagleton, Newark,, his paper read at the A. M. A. annual meeting on "Cerebellar Abscess," appears in the October 4th A. M. A. Journal.

Dr. Fayette E. Hubbard, Montclair, and wife spent a few days last month at Buck Hill Falls, Pennsylvania.

Dr. Edward O. Cyphers, Belleville, and wife visited relatives in Omaha last month.

Dr. Millard F. Sewall, Bridgeton, and wife spent a week last month with the doctor's brother in York Village, Maine.

Dr. J. Ackerman Coles, Scotch Plains, recently presented to the City of Plainfield three oil paintings to be hung in the new city hall there. The paintings are each 8x12 feet. One bears the title "The Landing of Columbus," the second, "Rocky Mountains," and the third, "A Scene in the Rocky Mountains." The last named painting is said to be valued at $30,000.

Dr. Willets P. Haines, Ocean City, has been appointed by the Navy Department surgeon aboard the Seneca, in the revenue service. Dr. Haines for three or four years has been government physician at the coast guard stations.

Dr. Henry H. Janeway, New York, member of the Middlesex County Medical Society, recently underwent a severe operation in a Boston Hospital, from which he is recovering.

Dr. Harry Vaughan, Morristown, is spending several weeks in the West.

Dr. William E. Darnell, Atlantic City, at the annual meeting of Obstetricians and Gynecologists, suggested syphilis as one of the causes of delayed healing in abdominal incisions.

Dr. Frederick A. Finn, Jersey City, has returned from the Army Medical Corps' service and has opened an x-ray laboratory at 897 Bergen avenue, Jersey City.

Dr. Z. Lawrence Griesemer, Roselle, was quite ill at his home last month. He was a major in the Medical Corps, U. S. Army, and served nearly two years in France.

Dr. William James, German Valley, was recently appointed medical inspector of the Washington Township schools.

Dr. Leonard F. Hatch, Vineland, was recently elected a delegate to the national convention of the American Legion, which is to be held in Minneapolis, Minn., this month.

Dr. Vera Schectman Abrams, formerly of Newark, has resumed practice in Hightstown, New Jersey.

Dr. Frederick W. Scott, New Brunswick, was recently appointed by the Pennsylvania Railroad surgeon of the company for that city.

MEDICAL EXAMINING BOARDS' REPORTS.

	Examined.	Passed.	Failed
Arizona, July	6	5	1
Connecticut, July....	50	41	9
Massachusetts, May .	29	23	6
Mississippi, June ...	21	18	3
North Dakota, July..	6	4	2
Ohio, June	130	128	2
Rhode Island, July ..	4	4	0
South Dakota, July .	17	17	9
Texas, June	38	29	9

Internship Required for M. D. Degree.—The University of Illinois College of Medicine reports that for all classes matriculating in 1917 and thereafter the students are required to complete a five-year course, including a year's internship in a hospital, before the M. D. degree will be conferred. This is the ninth medical school to adopt this requirement.

French Students in America.—Fourteen young Frenchmen will study in American universities this year under scholarships provided by the American army students in France. One of the visiting students will attend the medical school of Johns Hopkins University.

Public Health Items.

The children of our country deserve as effective physical care as the live stock. The children are entitled to as careful attention and cultivation as the crops. Shall not the children drafted by compulsory education into our schools be assured as skillful and satisfactory care as were the soldiers in camp and trench?—Dr. Thomas D. Wood.

Health Questions for Medical Men.

Do I fully instruct patients in controlling the spread of communicable disease?

Do I stimulate the people of my community to initiate community health work?

Do I always seek to discover the underlying social and economical causes of my patients' illness?

Do I place self-interest above community welfare by failing to report communicable diseases to the health officer?

Do I strive to keep public health matters out of partisan politics?

Do I keep abreast of progress in public health?

Diphtheria in East Orange.—Health Officer Ballinger reported recently eighteen cases of diphtheria as occurring there during September, twelve of which were in two families—seven in one and five in the other.

Marriage Laws Regarding Venereal Disease.—Thirteen states, namely, Alabama, Indiana, Michigan, New Jersey, New York, North Dakota, Oregon, Pennsylvania, Utah, Vermont, Virginia, Washington and Wisconsin, have laws enforced relating to venereal disease in connection with marriage. The laws vary in wording, but the purport of all is to prevent the marriage of all infected with acute syphilis or gonorrhea.

Local Health Authorities Can Quarantine Infected Persons.—The supreme court of Nebraska, in a recent case (Ex parte Brown, 172 N. W., 522) upholds the right of local health authorities to quarantine a person infected with venereal disease. A woman was arrested and on examination was found to be infected with a venereal disease. The health commissioner of Omaha ordered her to be detained in the detention home of the city for treatment until there was no further danger of communicating the disease. In a habeas corpus proceeding to secure her release from quarantine the court upheld the action of the health commissioner and denied the writ.—Pub. Health Report.

Tuberculosis Death Rate Highest in Balkans. The tuberculosis death rate in the Balkans is the highest in the world, asserts the medical staff of the American Red Cross headquarters here. This is based on reports from Red Cross workers in Rumania, Servia, Albania and Montenegro. The distressing factor is that the countries are almost wholly without sanatoriums for the treatment of tuberculosis. Red Cross relief is temporary, and it is considered beyond its province to found sanatoriums on the scale that would be needed.

The Infant and Prenatal Care.—There is something so interesting, so human, so tangible, so dramatic about the new-born baby that we fail to realize that the condition of the baby at birth depends largely on the care of the mother before its birth. The pendulum is beginning to swing from babyhood to motherhood, and to-day we find that the first aid to the infant, the first prevention against injury, accident and disease at birth, begins from the time the mother becomes pregnant.—Jacob Sobel, M. D., Monthly Bulletin, New York City.

Prevention of Ill Health.—An essential factor in any scheme for the improvement of the public health is the need for enlightenment of the people on health subjects. They must be taught how to live healthy lives; how disease in its early stages can be recognized, and how the spread of the infectious diseases can be avoided. Undoubtedly expenditure on education will me amply repaid by a saving in the cost of treatment of persons who have become ill through ignorance of how to keep well. No sanitary problem was ever solved by caring for its victims. Education may be provided either by a health bulletin, filled with trite sayings and striking pictures, issued periodically, containing in pithy language essential points in the prevention of ill health. Popular lectures should be given; and cinema films, dealing with health subjects, should be shown in the schools.—Medical Officer.

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HAS THE MEDICAL PROFESSION ADEQUATELY MET THEIR RESPONSIBILITIES.*

By George E. Tucker, M. D.,
Hartford, Conn.

To properly answer the question that has been brought before this body through the assignment of the subject of this paper by your program committee, it would seem desirable, by way of introduction, to suggest other queries that might well be given consideration.

1. Do the traditions of the medical profession offer a suitable background for the development of scientific medicine and its proper application?

2. Is modern knowledge of curative medicine being so applied as to adequately meet present-day professional and public needs and demands?

3. To what extent is the medical profession responsible for the development of therapeutic misinformation, quackery and religious healing cults?

4. Should the medical profession engage in politics, and resort to the employment of the usual political methods to influence public opinion, and promote the adoption of intelligent social legislation?

5. Has the medical profession developed the field of preventive medicine so that it is sufficient, satisfactory and subject to general application?

6. Are practitioners of medicine amply rewarded and sufficiently encouraged by the public, or do they not deserve the unlimited and unquestioned confidence of their fellow citizens?

Having propounded these questions, I will attempt to briefly answer them.

The earliest mythical stories of the practice of the healing art picture practitioners as men of high calling and lofty ideals. The healing of the sick was long associated with religious ceremonies; and only the specially selected and unusually gifted among the clergy or priesthood were accepted by the public as having power to drive out devils and restore the ailing human to a condition of health and happiness.

The introduction of surgery as a distinct branch of the healing art so modified the practice of medicine as to bring into vogue a less idealistic method of healing, but one requiring more courage, manual dexterity and mechanical technique. Barbers and butchers—perhaps no less alike in their callings in the earlier times than during the present—were natural aspirants for public favor and remunerative returns; and, since no adequate control of the practice of surgery was exercised by the then existing governments, the suffering public were often subjected to the knife, under conditions no more promising than would be expected at the hands of similarly trained and unrestricted artisans in the same callings to-day. It is easy to imagine that many useful lives might have been spared during the earlier periods of the popularizing of surgery, had absent treatments been more fashionable, and some standard of safe distances been established by law.

Therapeutic fads, or fads in therapy, owe their origin largely, and their popularity almost entirely, to the medical profession. High potency dilutions, mad-stones, drawing poultices, panaceal linaments anl inhalants had their day, as absent treatments; vertebral adjustments and highly recommended proprietaries are now having theirs. For example, if acetylsalicylate had never been tagged with a more easily spelled and less easily forgotten name, its general use for all ailments, from hives to hysteria would not have so readily followed its dis-

*Read at the Ninth Conference of Industrial Physicians and Surgeons, Harrisburg, Pa., September, 1919.

covery and introduction to the profession. It likewise follows that if the susceptible public had demanded that the faithful followers of fashionable faith healing display fewer cures of invisible cancers, and show the more visible demonstration of growing hair on a bald head, there would have been a smaller estate of the founder left for the contending church factions to expose to the ravages of the legal profession.

Regardless of the responsibility which the medical profession must assume for the development of therapeutic pathies and fads and for the popularizing of patent and pseudo-patent medicines, during more recent years, the campaign of education that has been carried on looking toward the enlightenment of the public as to the fallacies and dangers of self diagnosis and self treatment, has originated, and to a very great extent has been furthered, by members of that same profession.

The earlier practitioners of the healing art in this country, limited as they were in clinical facilities and medical education, performed a service that furnished an example of unselfishness and faithfulness to duty that is emulated by present-day practitioners, and could well be followed by men engaged in other callings. Short hours and time-and-a-half for overtime were not slogans then, as they are not now, to which the profession attempted or attempts to adhere. Inconveniences, hardships, long and irregular hours were and probably always will be, the lot of the physician. Inadequate fees and poor collections—manifestly a deterrent to success in any form of business—too frequently accompanied exposure to contagious diseases, malpractice suits and ungrateful patients.

The responsibilities of the members of the medical profession, of the time which we are considering, were not confined to ministering to the sick and suffering. Their function was frequently that of counsellor, physician, apothecary, undertaker, clergyman and lawyer. Even within the time that we younger practitioners have been privileged to aid and afford relief to suffering mankind, acting in what we presumed was viewed as a purely professional capacity, we have been called upon to find a home for the patient, to select the furniture, to move the family, treat the invalid, dispense the remedies, provide for the funeral; yes, and embalm the body; sprinkle the holy water, say a departing prayer, baptise the infant, and act as guardian of the estate and the surviving minor dependents. Although silver, gold and currency were the usual mediums of exchange in business, the physician, like the preacher, was obliged to content himself by accepting his remuneration in potatoes, eggs, wood and worthless notes.

In the earlier days of which I am speaking, *there was one responsibility* which the physician seldom adequately met, and that was his responsibility to his family. Destitute widows of successful family doctors were hardly less rare than endowed widows of district politicians.

Serving the public as a willing volunteer, and a liberal contributor to community enterprises, the medical man was and is inclined to select a less prominent place for himself, than that aspired to by the more ambitious, and perhaps more selfish, public servants in other professions. Physicians are seldom politicians; and usually, successful community leadership, even in medical and public health matters, requires a greater display of political shrewdness than knowledge of the subjects of curative or preventive medicine.

The ethics of the profession, and their attitude toward professional advertising, has been a deterrent that has influenced many qualified leaders to refrain from engaging in a campaign of education of the laity along medical lines. The very nature of the duties of the successful practitioner bars him from accepting a public elective office. Neither has he the time nor the inclination to further political organizations. Being more or less outside of the active circle that originate, propose and foster political movements that affect the public health and public welfare, the counsel of competent medical men is seldom sought to give wise guidance to the activities of the promoters.

The responsibilities of the profession may, however, rightfully extend to the point where they must organize to influence public opinion, and resort to employing the usual methods to direct legislation. Their natural inclinations, nevertheless, as evidenced by past history, of general apathy toward controversial public health questions, are to avoid the appearance of desiring to order or control the lives of their fellow citizens. For these reasons, and others of less significance, state medical licensure laws are still in a state of chaos. Required standards of education, preliminary and medical, should be such as to insure intelligent guidance to the public in public health matters, and safe and successful treatment in the field of curative medicine and surgery. Required standards of

education are generally inadequate, and the various legislatures continue to amend the old statutes and to introduce new provisions, with little or no regard as to their effect upon the public, or the welfare of the profession whose services have been and will continue to be so urgently needed in the more turbulent times of war and pestilence.

The diploma mills and other similar institutions that have been founded to teach a particular system of therapy instead of scientific medicine, owe their origin and multiplication largely to the encouragement that their short-term graduates have received at the hands of an uninformed public, and the recognition that their schools have, by persistent lobbying and misrepresentation, gained from equally uninformed legislative bodies. Short cut paths to medical licensure are much less popular to-day than they were a few years ago, but the professional guardians of the public welfare, who are so industriously campaigning for a complete change in relationship between the competent physician and his patient, or between the doctor and society, have not been in the forefront of the several fights in state legislatures that have been waged, to enact or to retain a previously enacted law that safeguarded the interests of that society, that patient and that physician.

The physician himself, acting individually or as a representative of a small group of practitioners, has been called upon to sacrifice both his time and money, in order that he might afford support to a worthy legislative measure, or enter his feeble protest against the enactment of a law that was designed to lower the standards of medical practice, or vitiate a protecting public health measure. These self-sacrificing individuals have seldom been actuated by a desire for personal gain. Their knowledge of the necessity of protecting the public health, and their further knowledge of the selfishness and unscrupulousness of the favored group to be benefited by the passage of the proposed inimical legislation, fitted and moved them to offer an intelligent, even if not successful, protest.

To the extent that medical men or organized medical societies have exercised their influence to bring about the passage of safe and sane laws, to *that extent* it may be said that they have *attempted* to meet their public responsibility. But in those instances where such individuals or groups have stood idly by and refused to either contribute their moral or financial support to promote the success of the protestations of their fellow sacrificing workers; to the extent to which they have been apathetic, in that measure they have *failed* to meet their public responsibility.

The self-satisfied citizen who has a competent income from a successful business, but has no concern about the general problems that affect the society of which he is a part, might better, in these days of government ownership and government direction, prepare himself for the inevitable attack which will sooner or later be directed against his income, his business and perhaps his property. This suggestion applies equally as forcefully to the physician as to the man of business.

It would further seem, from an examination of the tendency of the times, that individualism may have to give way to collectivism; but the grouping, at least in the medical profession, would better be made by the members themselves, than by the state. If the individual and groups (and by groups, I mean the medical profession) who are mostly vitally concerned do not meet this responsibility, and meet it adequately, a volunteer organization of laymen will invade the field, and not only destroy the individual, but wreck any intelligent group plan. Such an organization may not be actuated by a desire to disarrange, discourage or disrupt either the medical profession or medical practice, but, under the guise of "reform," with an apparently inviting field before them, the temptation to grasp such an opportunity becomes irresistible.

Social betterment laws and uplift movements are both proper and popular, and any far-reaching betterment plan contemplates improvement of those conditions that favorably affect the health, happiness and productivity of the masses for whose benefit the laws or movements have been suggested and started. If the health, and consequently the happiness and productivity of the community is to be permanently benefited by the passage and enforcement of social legislation, that legislation must contemplate recognition of scientific medicine in all its branches; its principles, practices and practitioners: that legislation must foster and encourage the establishment of new hospitals, and the development of adequate hospital facilities and organization. Progress in this field will be made largely by cooperation with, and not in spite of, the men and women who are working in this field of human relief, and upon whose activities the success or failure of any newly organized plan must depend.

No real reason suggests itself as to why the proposed changes needed to meet present-day demands for higher standards and better conditions of living, should not emanate from the organized medical profession. But many excuses for inactivity will be offered by the disinterested and the satisfied members of that body. The same solution of present-day health problems should not be unnecessarily delayed, nor should it ultimately be gained at an unnecessary expense in both lives and capital, the usual accompaniments of unwisely directed and selfishly promoted attempts at reform.

Both stimulation and encouragement must be given to the hospitals that require a high standard of preliminary education and an adequate institutional training of student nurses. Continuous contact with ailing, suffering, crippled and dying humanity deserves reward. The inspiration necessary to promote the best nursing service will come partially from an individual hope for reward, largely through the recognition by public and patients, of the value and necessity for the type of service that nurses desire to give and that the doctors would have their patients receive.

Good hospital organizations and good hospital facilities are a community necessity, and should spring from a public demand. They should succeed and enlarge as a result of whole-hearted, unstinted, unselfish public support. If hospitals are not to become "cold-blooded" business institutions and be run to pay "cold-blooded" dividends, then improvement and extension funds must become available from sources other than surplus proceeds of paying institutions. Capital is necessary to build new buildings, provide more beds, and enlarge the field of usefulness. The public, acting in the capacity of contributors and consumers, pay this bill, and the resulting institutions must be founded, supported and furthered in the most economical way.

Privileged as medical men are, to share the most jealously guarded secrets of their patients' family life, not rarely are they called upon to listen with an apparently sympathetic ear to the uncamouflaged causes of domestic happiness; to stories of blasted hopes; of ambitions unsatisfied; of unexpected misfortunes that interfered with meeting the financial obligation in which they had a most urgent interest. If every hour that busy practitioners have spent in unwillingly familiarizing themselves with their patients' family history, beyond the third and fourth generations; and in attentively listening to parents' aspirations for their uncontrollable and long since spoiled children, had been paid for in accordance with either a union or a non-union wage scale, the income tax returns would have revealed a much larger group of super-taxed physicians.

No necessary commodities are so difficult to sell as time and advice—and no commodities so highly prized are so frequently appropriated without return. If the law of supply and demand could be extended to cover physicians' merchandise, and if the supply were temporarily withheld by those in a position to control the market, even the state would find difficulty in procuring its desired quantity, until the government fixed a price that would insure a profit. The pastime of demanding more wages and shorter hours need not necessarily be confined to the already short hour workers; and when it is proposed that a health scheme be adopted by the state that will pauperize an already overworked and underpaid part of society, the time has arrived when at least to prepare to offer resistance cannot be said to be an indication of impending war. Preparedness in this instance means something more than creating ammunition for a parlor lingual feud. It means organization—wide-spread, carefully directed and well advised organization; it means planning for a campaign of education of the people; propaganda through press, pulpit and purse, and, if necessary, resisting gas attacks with gas. While on the subject of gas, I would take this opportunity to warn you that the so-called "enemy gas" will warrant most careful examination. This warning is based upon an experience gained at the battle front, and from participation in several engagements. The lachrymal type can be so disguised as to closely resemble the laughing variety; but fortunately only the semi-comatose are readily susceptible to its toxic action. The medical profession are not generally gas experts, nevertheless, they are responsible for this latter discovery,—it is to them that the susceptibles must look for the antidote.

If social conditions are such that they can only be relieved by sacrificing the ever-ready volunteer medical corps, at least before again giving up practice, income and the few comforts that are enjoyed during an era of peace, would you not be just as patriotic if you hesitated long enough to inform yourselves as to the reasons for the interruption of your peaceful practice and investigate the sources from which the dis-

turbance emanates? Your responsibility to your community, to your family and yourselves, justify this hesitancy and investigation; and if Lazear, Reed and Ricketts' example of making the supreme sacrifice to prove the truth of a theory was necessary, a much less sacrifice on the part of the profession as a whole may be necessary to prove the falsity of another.

The very short time in which the volunteer medical corps of our recent army was raised, the success of the organization, the part that they played in winning the war, is evidence of an intelligent personnel, of a knowledge of scientific medicine and surgery, and of a willingness to do their part in a crisis that threatened the welfare of mankind. It likewise will be true that when conditions affecting our own immediate fellow citizens becomes such that it is necessary to develop a new plan whereby medical attention can be more satisfactorily, more generally and more economically brought to those in need of it, the medical profession and its allied collaborators will not only be prepared to bring this about, but will see that their scheme is carried through in a desirable way, and to a successful conclusion.

Who more than the physicians know the truth in regard to the causes and prevalence of sickness; who is more familiar with the kind and amount of attention that our invalid population are receiving; and who, may I ask, aside from the victims themselves, are more vitally concerned in leading the way toward correcting an undesirable condition, if it actually exists? If this responsibility is to be met, *it will be,* and adequately; but not by passing distasteful compulsory laws, that are framed without consideration of the basic conditions that create the problem, and without consideration or knowledge of the proper remedy that must be employed to relieve the situation.

Who other than yourselves are responsible for the development and popularizing of the infant hygiene movement?

Who pointed the way and showed the necessity for attention to school and factory hygiene?

From what sources did the agitation emanate that has directed attention to the need of eliminating over-crowding and bad housing of industrial workers?

Who has conducted the enlightening fatigue studies, showing the need for vocational training of disabled workers, and emphasized the importance of proper placement of handicapped producers?

Who founded and furnishes the membership of the societies for the prevention of blindness; of insanity; of tuberculosis; of venereal diseases?

You and your *fellow members* of the medical profession were and are responsible for starting these and many other successful movements and activities in the field of social betterment, and it is fair to assume that through the development of the new fields of industrial medicine and surgery, of group diagnosis and group treatment, of new practical methods to provide for the more wide-spread hospitalization of the sick, any future needs for better, more economical and more general medical and hospital attention will be met. And, will not the adoption of a plan that contemplates avoiding the evils of contract and panel practice; of wholesale and promiscuous pilling of the people by political parasites offer a better and safer program for the future?

I would suggest that the real need is for more discoveries and fewer disturbers, more individual effort and less collective apathy.

In conclusion, can we not justly say that the medical profession, insofar as it has been within their power and to the extent that they have had whole-hearted public co-operation, that they have met, are meeting, and will continue to meet their responsibilities and adequately; but to finally obtain the desired ends and results the public must be taken more into their confidence; must learn more of the fundamental truths that so directly affect their own health, and consequently their happiness and productivity; and both medical men and women must become the public educators so that the information that society acquires will be accurate, scientific, and in accordance with the truth, as such truth is generally known

SURGICAL COMPLICATIONS OF INFLUENZA.*

By Paul Correll, M. D.,
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In reviewing the complications and sequellae of a truly surgical nature that developed during the epidemic late in 1918, it must be realized that the surgeons of the country both in civil practice and those of us in the service of our country were

*Read at the annual meeting of the Tri-County Medical Association at Hackettstown, N. J., October 14, 1919.

confronted with not new pictures of diseases but rather with severe surgical complications engrafted on an already devitalized body by a severe primary infection of influenza. In other words the surgeon and the practitioner were brought to realize at an early date that with the desperately ill patients they were seeing during this epidemic, that the development of some surgical complications did not permit the early and radical surgical procedure in a way that the same complications had permitted surgical interference in the so-called like infections heretofore. It is fair to assume from my investigation of the literature and my observation in the service that not a few cases, being subject to operative procedure, failed in their recovery because of the severe toxemia and depression they suffer at the time of operative interference. Later on, however, the conservative mode of attack showed a vastly better mortality rate in the general run of operations of complications of influenza.

It might be well at this time to briefly classify a few of the more common surgical complications of the 1918 epidemic. Empyema or Purulent Pleuritis is by far the most common and dreaded complication in influenza associated with pneumonia. Also there are quite a number of cases reported of empyema following influenza without the lesion of pneumonia. Mastoiditis was rather a surprisingly frequent complication in the army camps of this country and in almost all cases we owe our rather good results to the fact that it was generally a late development of the primary disease, influenza. Cellulitis and peri-joint infections especially in and around the knee and elbow were unusually common in an infection of this type, practically always, pus developed making incision and drainage always necessary. Innumerable other complications might be here elicited but the three mentioned probably comprise the more common conditions found.

As the writer has mentioned heretofore there seem to be little surgical difference of opinion in the method of treatment and the time of surgical attack in all the complications with the exeception of empyema. Suffice to say, however, the heavy mortality following operative procedure brought forward a comprehensive study of the infection from its very beginning, especially with the relation to the pathological destruction and the almost astounding loss of recuperative vitality, in other words, vitality to withstand operative shock.

The year previous, a somewhat similar condition prevailed in the early treatment of the streptoccocic pleuritis. The medical records as well as the operative results were not good and it was deemed advisable to operate on collections of fluid as soon as the same was demonstrable, to aspirate if the fluid showed any preponderance of bacteria count, re-sect a rib or do any of the so-called operations, then in vogue, for drainage. This, in the writer's opinion, is where a mistake may have been made, for in this method, many devitalized patients with no reserve force to withstand any operative interference were subjected to surgical interference, most of them however at that time, with unfavorable results. It is the writer's experience to have seen some twelve day and fourteen day cases operated upon and most all of them not do well, for they were suffering absolutely to their point of tolerance from the toxic infection of the influenza plus the destructive processes of pneumonia with often a very small collection in the pleura. To follow out this thought and considering the wonderful results in sterilization of wounds and pus cavities by the attempted return of surgery to the antisceptic era which the war has brought about, many of these twelve-day and fourteen-day patients were routinely injected and irrigated by any of the many solutions in vogue at that time for this specific purpose of sterilizing the pus cavities.

It is not the writer's purpose to advocate anything new but the writer thinks it is within his domain and is his mission today, to place at least his small stamp of disapproval on these things which he has seen tried and which have, in his judgment, failed. Therefore, the question of irrigation by tubes into the thoracic cavity is one in which there is such diversion of view, but it is my plea to you men that only after due time, after the establishment of your external tract, that it is justifiable to irrigate and wash out the cavity with any substances or foreign matter that has any definite destructive chemical action on normal tissue. The writer has seen good results from the use of Dakin solution in selected cases and I have seen excellent results in the use of that solution as well as many other antisceptic solutions in the healing of the persistent sinus that so often annoys in the final closure of the cavity. Formallehyde and glycerin, bismuth paste, iodine and glycerin and many other substances of a like nature besides the instillation under pressure of several of the gases, all these

have been tried and all are of merit in the hands of certain men, while in the hands of other men they show little or no influence upon the disease whatsoever.

In a resumæ of literature and analysis thereof, it might be well for us to go back to the simple conclusions that surgery and its methods before the epidemic of 1918 was absolutely efficient for the treatment of the general types of empyema that we are accustom to see from year to year; I mean those that occur usually to a sequella to lobar pneumonia in the non-epidemic form simply based on the fact that all empyemas are circumscribed if allowed a sufficient time to do such. It might be well here to remark that several pathologists have noted that the simple pneumonic non-epidemic type of empyema, walls off more firmly and more quickly than did the type following the influenza epidemic of 1918. It might be well then to realize that with a walled-off pocket of pus, encroaching as it does at all times on the expansion of the lungs, reducing its air-carrying capacity, we have then but to establish sufficient and ample drainage of a large circumscribed cavity of pus with the assurance that provided the patient's resistance has been aided and supported and that the patient has been carried through the more critical stage of his infection, that the infectious organisms will lose their virulency and die out. Also it should be our early aim to obliterate the cavity which resulted by resistance in the thoracic viscera.

The X-ray Department in the handling of empyemas has given us most valuable aid and it is rather remarkable that the special formation of empyema cavities during the epidemic of 1918 has a rather selective origin in the left side between the upper and lower lobe of the lungs. The right side usually extends on the lower lobe within an inch of the base. In the writer's experience all cases of empyema shall, after his army experience, be radiographed for it greatly assists in the securing the lowest point for drainage.

For the simple operation of open rib resection many types of intermittent and induced suction acting first, on the principle of inducing removal of the collected pus and second, on the obliteration of the cavity. This I am frank to say, is rather prominently advocated by several foreign surgeons and it consisted of rather elaborate equipment, it is however based upon the use of the cannula and the non-leakage of air in or out at the openings. In the writer's experience many of them leaked so that nothing is gained except the forceful evulsion as the lung does not completely collapse as we have often heretofore thought when there is any marked change of the pleura cavity by an exudate. It now is rational to expect the proper drainage at a most dependent point and the early use of the blowing bottles starting very moderately after we have our patient cleaned of a retentive mass of pus. If, after a number of days when often surgeons send patients from the hospital to their family physician, the patient is draining a little thin yellow fluid each day, it might be well at that juncture to irrigate that walled-off sinus every second hour with Dakin solution. By a proper return of the patient to the mode of living, xercise, such as the mild exercise given in the army at an early date will facilitate the early expansion of the lung in the total obliteration of the pus cavities.

In final summing up of the treatment of empyema then, it might be given as follows: Empyema of cases of influenza complicated with pneumonia, carry your case through the acute infection as far as possible, giving supportive treatment and liberal diet especially during the time of formation or suspicion of formation of pus. Diagnose the collection of fluid under most aseptic conditions with the aspirating needle, for physical signs during the last epidemic have made us all look foolish at times. Do not yourself insist upon your surgeon doing rib re-section until you are reasonably sure that the elimination of the pus process is going to be something that your patient will stand. I might remark in passing that the history and the carefully kept notes of progress are essentially important in assisting a surgeon in deciding when to operate.

A PLEA FOR THE RATIONAL REMOVAL OF DISEASED TONSILS.*

By Charles J. Sullivan, M. D.,
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It would seem that since the tonsils have been removed by one means or another since the very earliest days of ancient surgery, that it should be unnecessary in our time to plead for a rational method of removing diseased tonsils, but after much observation and some experience I feel that on the

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whole tonsil surgery is being done about as badly as any surgery of the present day, and there is absolutely no excuse for the existence of such a state of affairs when we have at hand so many good methods of removing tonsils, the technic of which is so easily acquired.

Tonsillectomy is not a trivial operation, and unless a surgeon knows how to perform a good operation or is willing to learn, he should refer them to some one whom he feels confident can do so. The dangers from poor tonsillectomy are mostly local, such as, impairment of voice, difficulty in swallowing, regurgitation of food through nose, adhesions of pillars, and deformity of the soft palate. Other sequelæ that may accompany any tonsillectomy are hemorrhage, status lymphaticus, pulmonary embolism, hemiplegia, oedema of the glottis and pneumonia.

There are, as I have said before, many good methods of removing diseased tonsils and no 100% perfect method in the opinion of all. Let us briefly consider the merits of all as we understand them. As far as I know all methods are based fundamentally on the removal of tonsils in one of the three ways: 1st, by dissection sharp or blunt followed by enucleation with a snare; 2nd, dissection or dislocation entirely by a sharp or semi-sharp instrument; 3rd, by the old style tonsillatomes.

To my mind they merit consideration in the order named, although I am sure others will not agree with me, but after all each surgeon must adapt himself to one method he does well and adhere to it, provided it gives good results.

I feel that tonsillectomy by sharp anatomical dissection and enucleation by a snare is the nearest to perfect method as yet devised for the complete removal of diseased tonsils. I speak of complete removal as I cannot understand any excuse for an operation which has any other object in view, as disease cannot be eradicated by any less radical removal. By the first method there is less danger of injuring important structures and the tonsil is completely removed in capsule. There is also less severe hemorrhage. The second method would include dissection by a scissors or knife and removal entirely that way; this is prone to cause much local damage and very severe bleeding and seldom removes the entire tonsil. Under this heading would come the Sluder method with its many modifications which I must admit in a large percentage of cases is a very excellent operation; but only in the hands of the most expert operator could some tonsils I have seen be entirely removed by this method; while in the hands of the majority of men doing tonsillectomy it will cause no little local damage and considerable hemorrhage. The third method has little if any good qualities to recommend its adoption and therefore should be discarded. It seldom, except in greatly enlarged tonsils, ever removes more than a small portion of the tissue, leaving behind the diseased parts, causing much local injury and considerable bleeding. Therefore we feel that having considered the three methods the first offers the best inducements for its adoption by the average surgeon doing tonsil operations.

Having reviewed briefly the various methods for the removal of diseased tonsils I will present for your approval the operation I have been doing for the past six years which is safe, sane and easy to lean and offers the best results with the least dangers and sequelæ.

First: The patient should be in a hospital and should, if possible, remain there from two to four days following the operation and should be seen every day thereafter until the fossae are entirely healed.

The anesthesia of choice in children is general, preferably ether; in some adults local cocain and adrenalin or apothesine and adrenalin; in others general and again we prefer ether. The instruments needed are a Jennings' mouth gag, a tongue depressor, 2 Leland right and left tonsil knives, 1 Ballenger's vulsellum tonsil forceps, a Beck-Schenck and Eves tonsil snare and three curved hemostats. The patient is anesthetized lying on a table and when sufficiently under the anæsthetic is lifted into a chair and sterile sheets thrown over the body to the neck. The anæsthetist assumes his position standing behind the patient supporting the head and shoulders. The ether is now given by the Beck-Mueller ether vapor and suction apparatus, with the suction attachment used for removing blood and secretions. The operator is seated in front of the patient with the instrument table on his right no higher than the level of his shoulder. The only assistant, a nurse, stands behind this table and is used solely to keep sponges in the three hemostats.

The ether tube is placed in the left cheek and the mouth gag inserted. The tongue is depressed, secretions sponged away and Leland's right angle knife is inserted high up behind the anterior pillar of the right

tonsil and, with one stroke downward closely following the margin of the pillar to the inferior portion of the tonsillar attachment, the tonsil is freed anteriorly. It is then seized with the vulsellum forceps and drawn outward and forward from its fossa. The tongue depressor is now discarded temporarily; the vulsellum forceps replacing it to control the tongue, as we find it, inadvisable to have more than two instruments in the mouth at one time. The same knife is again inserted and the tonsil separated from the posterior pillar by a downward and backward stroke, beginning at the superior margin of the tonsil adhering closely to its periphery during the entire stroke to avoid injurying the posterior pillar. Again the blood and secretions are removed, at this time preferably by the suction apparatus, and the dissection now being completed the snare is inserted over the vulsellum forceps and encircles the tonsil at its base, care being taken during this maneuver to avoid catching the uvula in the snare wire. With the snare in place slow traction is begun by hand and finished by a ratchet attachment until the tonsil is completely enucleated. A dry sponge is now firmly pressed in the tonsillar fossa and retained there for about one minute when we inspect the fossa and if bleeding we insert another sponge saturated with thromboplastin and retain it for thirty seconds or more when we again inspect it and usually find the fossa dry and proceed to remove the other tonsil in the same manner.

During the entire operation the average number of sponges used is about six. Other structures than the tonsil are seldom damaged and the view in the sitting position is all that can be desired with no disadvantages over the prone positions. The operation requires from ten to fifteen minutes. I have never had any severe primary bleeding, but have had two rather serious secondary hemorrhages occurring 24 hours after the operation. One was in a boy six years of age and the other in an adult, both were very promptly checked by the use of thromboplastin packed in the fossa for fifteen minutes.

In adults with fibrous tonsils I would advise the use of Eves tonsil snare double threaded to prevent the wire from pulling out. This suggestion was brought to my attention by Dr. F. M. Hoffman and I have found it very useful on several occasions.

A mild alkaline gargle should be used several times daily after the operation until the fossæ have healed.

THE CLOSE RELATIONSHIP EXISTING BETWEEN THE GENERAL PRACTITIONER AND THE OPHTHALMOLOGIST AND OTO-LARYNGOLOGIST.*

By T. H. Odeneal, M. D.,

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Although the general physician of today is, as a rule, well read, it is a physical impossibility for him to read all the journals published, first, because it would be a financial load of no mean proportions; secondly, because of the infrequent appearance in the journals for which he is subscribing of the subjects on which my paper is based; and thirdly, because of the paucity of information and references to these subjects in the text books on the practice of medicine, he is often in ignorance of the relations existing between certain general symptoms and the diseases of the anatomy of eye, ear, nose and throat.

It seems, therefore, that a paper dealing with those symptoms (in concrete form) which oftentimes have their origin in the eye, ear, nose or throat, will be of value both to the physician and the patient, and indeed it is at the instigation of a well-known physician that I offer this article.

Certain symptoms ordinarily looked on by the physician as some general disturbance of the metabolic, systemic, or nervous function of the body may be traced to an affection of the particular anatomical point dealt with by the ophthalmologist and otolaryngologist.

In consideration of the particular parts involved, I will take them up in consecutive order.

THE EYE.

Refractive and Muscular Errors—Due to complex anastomoses of the sensory and sympathetic nerves of the eye, reflex disturbances originating in the eye are very common.

Gastric and Intestinal Disorders: A patient visits the doctor complaining of nausea and vomiting, constipation, dizzy spells, seeing double at times, loss of appetite, headaches, with consequent malnutrition. Various remedies are prescribed, lavage practised, test meals given, diet, tonics and fresh air prescribed, with some improvement, but of short duration. A diagnosis

*From the Boston Medical and Surgical Journal, April 24, 1919.

of nervous indigestion is perhaps made, and the patient allowed to drift, until seen by a more advanced physician, who orders the eyes examined, when a muscular or refractive error is perhaps disclosed, glasses or muscular exercises prescribed with relief of the symptoms.

Lack of proper digestion and a flatulent condition of the intestine are often present from eye strain.

Nervous System: Extreme degrees of nervousness bordering on insanity are sometimes present. Hysteria in children is often relieved by correction of refractive errors. School children with only slight errors sometimes are very nervous, cannot remain long seated, are constantly moving about or wishing to play, and cannot concentrate long on one thing, for example, their studies. Convulsive attacks occasionally occur. There is pain in the eyes or reflexive paisn in remote parts of the body, nervous twitchings of eyes, fingers, or lips, and squinting. Masturbation in children, in my opinion, is occasionally caused by refractive errors. Various habits, which the mother attempts to correct in the child, such as snuffling, sucking the thumbs, picking the nose, etc., can often be laid to the eye. Neuralgia, unilateral, of orbit or temporal region, may be complained of by adults. Painful spots on the head, tender to the touch, are met with. Headaches are common, but may be absent, generally localized in the frontal or occipital region, usually worse as the day advances, but often present on arising in the morning. Close work (reading, embroidering) aggravates or brings it on. Dizzy spells are complained of frequently and may come on while in the act of stooping or arising suddenly, or when observing something closely, as, for example, attempting to read the name of a street on an approaching car. A person will be attacked suddenly while walking on the street. Entering a lighted room from a dark one may bring on an attack of dizziness.

In the cases of muscular imbalance the vision may be perfect, also in a great many of the refractive error cases the patients may aver that they see perfectly. Children previously healthy, may gradually become morose, disinterested in all children's pastimes, lose their appetites and fall off in weight, a physical examination producing nothing abnormal, tonics being prescribed, and the child withheld from school, without any improvement, a simple refractive error being the fault.

Glaucoma: In this disease (increased intraocular tension) the patient complains of headaches which are often violent, commonly called "migraine" (some oculists even go so far as to say that all cases of migraine are due to an increased intraocular tension), but may be very slight or absent. Usually the headache is very frequent or constant and generally deep seated behind the eyes. Seeing spots or flashes of light before the eyes is often complained of, or a halo about a light is noticed with a ring of colors. The vision gradually diminishes, a film appearing before the eyes. Passing acquaintances without recognizing them (due to the narrowed fields of vision) is complained of. This disease results in blindness, if allowed to continue, and should be recognized at the earliest possible moment.

Miscellaneous: Disease of the endocrin ous glands is closely allied with the eye, especially the disease known as goitre. The ophthalmologist is in a position to recognize goitre long before any general diagnostic symptoms are manifested. In this disease such eye symptoms as Stellwag's, Moebius', Gifford's, Kocher's, von Graefe's, Mueller's, Joffroy's, and exophthalmos may be present, some of them presenting the earliest symptoms. Hemianopsia and optic atrophy are sometimes present. Many of the cases of choroiditis seen by the ophthalmologist are early signs of goitre before other manifestations present themselves.

Paralysis of the ocular muscles and changes in the fields of vision (perimetric examination) are of particular assistance in localizing brain tumors or abscesses, and often are the only indications of the disease. Pupillary reactions and fundus changes are sources of great help as well.

Affections of optic thalamus with the consequent symptoms such as sensory disturbances, hemiataxia, etc., are well nigh impossible of diagnosis without the aid of the ophthalmologist.

The diagnosis of disease of the hypophysis is aided very much by the examination of the eye grounds, whether of the hypo- or hyper-pituitarism type or a mixture of the two (the most common). Symptoms such as acromegaly, gigiantism, asexual development, headaches, stupor, lack of mental development are usually present.

In tabes, palsies of the various eye muscles may occur (20% of cases) temporarily, to disappear and return again at a later date. Eye examination should be advised on suspicion of tabes. Diminution or loss of color perception are early signs of optic

atrophy which accompanies about 10% of these cases. The Argyll-Robertson pupil occurs in about 80% of cases. Irregularity and inequality of the pupil are early signs.

THE NOSE.

Maxillary Sinus: Disease of this sinus is generally easily recognized, and therefore I will dismiss it with a few remarks. An acute attack is often mistaken for an abscessed tooth. The pain is sometimes referred to the ear, which may be the only sign of pain; tenderness over the infraorbital area is present. In chronic cases the pain is negligible except when the drainage is prevented from any cause. A febrile rise in temperature may occur in the evenings, resembling hectic fever, this being due to absorption of toxins from the pus present; this type of sinuitis often remains unrecognized. A discharge of pus from the nose is usually present. A neuritis of the side of the face may be complained of, no other symptoms manifesting themselves, the second branch of the fifth nerve being the one affected. A vacuum disease of this sinus is described, causing reflex pains or neuralgia in the teeth, orbit, or throat, etc., or a hacking cough.

Frontal Sinus: Headache, unilateral or bilateral, usually appearing about 10 o'clock in the morning, is complained of, aggravated by stooping. Pus is discharged from nose at intervals if in the purulent stage. In acute cases the pain is severe, sometimes resembling the incipient stage of herpes ophthalmicus and the bone is tender to pressure over the supraorbital area. Vision may be disturbed. In the chronic cases the patient becomes anemic and neurotic, of an irritable temperament and complains of a bad taste in the mouth, and the digestion is disturbed. These chronic cases sometimes lead to suicidal mania.

Ethmoids: In disease of these cells a chronic cold is present, pus is discharged from the nose (except in the hyperplastic cases). Reflex disturbances are common. Pain may be present in the eye of that side, and visual disturbances with their consequent train of symptoms as explained under refractive errors, headaches, or neuritis occur. A case is reported of violent colicky pains resembling appendicitis as having occurred due to retention of pus in the cells. Absorption of toxins from the pus may cause disease in remote parts of the body, as rheumatism, nephritis, and bronchitis. Nervous disturbances, in children especially, may occasionally be laid to this disease. Stomach disturbances are common, due to swallowing the discharge from the nose. Hay fever and cutaneous rashes may have their cause in diseases of these structures.

Disease from focal infections is caused in one of three ways: First, by metastasis of pathogenic germs from infected foci; second, by absorption into the circulation of bacterial toxins; and third, by disturbance of vasomotor balance, either through mechanical irritation or toxic action of bacterial poisons.

Sphenoidal Sinus: This sinus is situated in the body of the sphenoid with openings into the superior meatus of the nose. The roof of the sinus is very thin and has coursing along and internal to it the cavernous sinus enclosing the internal carotid artery, the third, fourth, and sixth cranial nerves, with the first and second branches of the fifth in close relation to the side of the sinus. The third branch of the fifth and the vidian are also sometimes closely related to it, due to the malposition of the sinus. The sphenoid is variable in size, one of the sinuses being almost absent occasionally, the other encroaching upon it due to its extraordinary size, being twice the normal at times. Again the sphenoid may be replaced by an enlarged ethmoid cell. The optic nerve is closely related to the sphenoid as is also the hypophysis. The sympathetic nerves supplying the upper part of the head are in close relation to this sinus, irritation of which causes vasomotor disturbances of the eye, nasal mucosa, etc. This sinus has been gaining in importance as the years go by due, principally, to the untiring efforts of Dr. Sluder. The important part it plays in medicine should be known to the general physician. There may or may not be a suppurative condition of this sinus, a hyperplastic condition only being present at times without a discharge, which makes a diagnosis of disease of the sinus very difficult in such cases. Through erosions of the wall or roof of the sinus the various nerves mentioned above may be attacked, causing diminution of sight or blindness, partial or complete paralysis of certain eye muscles, neuralgia of the parts (teeth, upper and lower jaw, orbit, palate and side of nose or pharynx) supplied by the sensory nerves mentioned or the typical tic douloureux may be present. Headache, usually occipital or temporal, is generally present. The patient becomes extremely neurotic and the health is impaired. Absorption of the toxins or bacteria from the pus into the system may cause disease in other parts of the body the same as from any other focus of

infection, rheumatism, arthritis, etc., being the result. Anaphylactic reactions are often met with, causing skin rashes or other forms of irritation, as hay-fever, bronchitis, etc. Asthma, contrary to past belief as being of nervous origin, is now thought to originate from toxic reactions, thus forming the nervous condition found in asthma. These toxins are frequently of nasal origin—the anaphylactic reaction being produced by the proteid constituents of the bacteria or toxin present. This reaction is identical with that of the anaphylactic reaction obtained from the proteids of food, and just in the same way that we have to withhold the especial food causing the anaphylaxis, so do we have to eradicate the focus from which these organisms and their toxins are generated.

Meckel's Ganglion (spheno-palatine): There are two classes of symptoms met with from disease of the spheno-palatine ganglion; First, the facial and associated neuralgias of which the tic douloureux is the acme of the height to which neuralgias reach; and second the hemicranias and deep occipital pains. The tic is a most dreadful disease, causing untold suffering, so much so that the patient is willing that any procedure be tried for relief of the attacks. I have seen as many as 15 injections made without the aid of anesthesia, the patient ever ready for more, notwithstanding the fact that the needle is introduced 4 to 5 cm. through the side of the face (where the fifth is injected). Twenty or thirty attacks may occur in a day, lasting from a few seconds to as many minutes or longer, the slightest jar or opening the mouth producing an attack. Meckel's ganglion, often the seat of the trouble, is situated in the spheno-maxillary fossa, is about the size of a pea, and is reached most easily through the nose for purposes of treatment. The pains or neuralgia may be present in the palate, throat, teeth, gums, or run from side of the face into the ear, neck, or orbit. Injections of carbol-alcohol give relief.

Deviations and Spurs of Septum of Nose: Frequently the cause of unilateral neuralgia and headaches are due to irritation of the mucous membrane of the nose from contact with consequent reflexive nervous irritation. This may manifest itself in hay-fever attacks or asthma, or in children of extreme nervous irritability. I have known cases with pain in eye running into the supra-orbital area with congestion of the conjunctiva of the eye, especially on accommodating, to be relieved by resection of a spur pressing into the mucous membrane of the opposite side of the nose, these cases having sought relief from various oculists, with consequent frequent changes of lenses without benefit.

Vagatonia Relating to the Nasal Sinuses: (Drawn freely from Hess and Eppinger, Fetterolf and Barke). The fibres of the spinal nerves are divided into the animal and vegetative groups, the animal consisting of the sensory and motor fibers and supplying the organs of sensation and voluntary muscles; the vegetative, all the glands having ducts and all involuntary muscle tissue. The vegetative system consists of two divisions, the autonomic and sympathetic systems. The autonomic system arises from the brain and sacral region of the cord, the sympathetic from the cord alone. The fibres of the sympathetic have no names, but their supply is well known. The fibres of the autonomic, which arise from the brain, are contained in the third, seventh, ninth, tenth, and eleventh cranial nerves. Those from the cord are distributed through the sacral plexus. The action of these two systems is antagonistic, and they supply all glands with ducts and all involuntary muscles; therefore, a normal functioning of the structures is dependent on the proper balance of the two systems. Irritation of the autonomic supply will cause hypersecretion and spasm; of the sympathetic,—hyposecretion and relaxation. These systems are controlled by the cerebro-spinal axis and the endocrinous glands. Adrenin stimulates the sympathetic system, and pilocarpin a part of the autonomic. Atropin acts as a sedative on the autonomic system. Where there is an excitation or irritability of the autonomic system pilocarpin injected in a small dose causes marked salivation, sweating, hyperistalsis of the intestine, etc. In suppurative conditions of the sinuses the toxins absorbed from the discharge may affect these systems as well as the animal system. In the animal system we get our palsies and sensory disturbances, as, for example, neuralgia of one of the branhces of the fifth nerve. In the vegetative, we get spasm (of accommodation, for instance), or relaxation (dilatation of pupil) of the involuntary muscles and hyper (salivation, sweating) or hypo (dryness of skin, etc.) secretion of the glands supplied by the nerves already mentioned. In vagotonia the entrance to the pharynx is anesthetic, according to Hess and Eppinger. A case is reported of abdominal pains, hypersecretion, nausea, and

vomiting, and marked nervous irritability caused by suppuration of the ethmoids, a typical case of vagotonia.

THROAT.

Faucial Tonsils: The tonsils are frequently the source of focal infection causing such diseases as rheumatism, nephritis, and arthritis (acute inflammatory, chronic, arthritis deformans). Pulling the anterior pillars forward may disclose inflammation when the tonsil appears normal. The lymphatic chain running from the epipharynx down behind the tonsils is often the seat of inflammation with consequent chronic sore throat. It is by this chain that infection is often carried to the ear. An enlarged tonsil does not always mean a diseased tonsil. The small, imbedded tonsil, which is the seat of frequent inflammatory changes, is the most dangerous tonsil. The best criterion for the removal of tonsils is frequent tonsillitis and I always advise against removal of the tonsils if they appear normal and if there have been no previous attacks, unless there is some disease of the system present which has followed a present attack of tonsillitis for which there is no accounting and which disease is known to follow tonsillitis. The typical infectious tonsils, which is always to be watched, is the small, submerged tonsil of a light purplish hue, cut up by adhesions and inflammatory bands, or the large oedematous, congested tonsil, with an irregular surface and hyperplastic bands of connective tissue dividing it, found in adults. The tonsil may contain cheesy material of a foul odor. Such tonsils cause malaise, and a feeling resembling what is called spring fever; also the stomach may be upset, with constipation present. In children, where there is a history free from attacks of tonsillitis or sore throat, the health of the children may be much benefited by removal, although no definite indication for such removal is present, a thorough physical examination having disclosed no ailment to account for the symptoms present. A tonsil which looks to be perfectly normal may contain a small fistulous tract leading to an abscessed cavity within the tonsil, which is found on incising the tonsil on removal. But, first of all, a clear dissection of the tonsil must be made in order to remove foci of infection in these cases, a small tag left behind causing as much absorption as the whole tonsil sometimes.

Who has not seen the post-operative adhesions of the tonsil bed from imperfect enucleation, with a collection of foul detritus, food particles decayed, absorption from which is as great a source of danger as from the tonsil itself? The percentage of valvular heart lesions met with in the adult, having their origin in the tonsils, is much greater than supposed, and recognition in time will prevent a permanent lesion.

The connection between the thyroid gland and the lymphoid ring is not understood, but it is known that the thyroid and the lingual tonsils spring from the same bronchial arch, and that in Graves' disease the lingual tonsils, as well as the faucial tonsils, should always be examined; for it is definitely determined that in disease condition of either their removal often benefits or cures the thyroid gland disease. I will say that the sinuses should also always be examined in Graves' disease. The question is asked, does the thyroid enlarge to combat some infection? If this be true, then the explanation is clear why the disease is benefited by removal of disease tonsils. Cases of meningitis and cerebral abscess have been traced to the tonsil. A history is often obtained of frequent attacks of tonsilitis with, finally, all the symptoms of an acute attack of nephritis, following the last attack, disappearing, to follow another attack of tonsillitis. Deafness is caused by diseased tonsils, the infection entering by contiguity or through the blood supply and lymphatics. Various nervous disorders occur, such as esophageal spasam, recurrent cough, spasm of glottis, neuralgia of tongue, and blepharapasm. I think that it is an accepted opinion that normal tonsils in children act as barriers to infection; but a tonsil once diseased is never of any service to the human mechanism, for the character of the tissue is changed, the epithelium of the crypts is replaced by a degenerated form, the original type never reappearing.

Lingual Tonsils: Are frequently the cause of chronic sore throat, hacking cough, with tickling in the throat, or tickling referred to side of the throat or neck.

Oesophagus: Pouches in the oesophagus cause food eructation, with sense of foreign body in food passage, pressure symptoms or fullness in the region, with sour stomach.

THE EAR.

As is well known, cerumen in the canal of the ear has been known to cause convulsions or semi-epileptic attacks in children; any irritation of the ear is just as liable to do this. A chronic cough through reflex irritation may have its origin in the ear from an eczematous condition or cerumen in the canal. After an attack of acute

otitis media or during a chronic otitis media suppurativa on appearance of acute articular rheumatism, an infection of the lateral sinus must be looked for, the symptoms of the joint affection often overshadowing the ear condition and the ear being neglected to the danger of the patient, the patient succumbing to an intercurrent infectious endocarditis presumably, the sinus having been lost sight of. Thrombosis of the sinus is often overlooked because the symptoms in many cases are mild and the sinus escapes suspicion on the appearance of a pyogenic process in some other part of the body. Acute inflammatory joints are now thought to have their origin in metabolic changes and its is therefore possible to have such an inflammation from non-infectious sinus thrombosis where the symptoms are necessarily mild and easily escape detection by the family physician.

Vertigo often has its origin in the labyrinth, acute labyrinthitis causes marked vertigo, ataxia, nystagmus nausea, and vomiting. In the chronic cases, the vertigo is the prominent symptom, that and the deafness; the nystagmus usually can be elicited by having the patient turn the eyes toward the normal side, but it may be absent and the function of the labyrinth found to be impaired by turning, the caloric reaction, etc. The semi-circular canals may be destroyed and the hearing remain intact, although the hearing is generally involved at the same time as the semi-circular canals. Cerebellar abscess will cause vertigo and nystagmus with ataxia. Cysts of the dura (cerebellar-pontine angle) will do the same, giving us a picture of labyrinthitis. Here we have headaches complained of, as noises in the ear are complained of in labyrinthitis. In cerebellar abscess or tumor, the patient may fall unconscious on the street, these attacks occurring with greater frequency as time progresses. The cerebellum is the center for co-ordination of joint movement (stabilizer), disease of one lobe allowing overproduction of movement of the joint (controlled by the center involved) of that side toward the side involved. Separate centers exist in the cerebellum for the waist, elbow, ankle, etc., and the location of the cerebellar disease can be fairly definitely determined through the joints involved. This is determined by pointing tests and coincident caloric reaction, the cerebellar disease being distinguished from labyrinth disease by this method also.

In this paper I have mentioned only those subjects with few exceptions which are not immediately apparent and with which the general parctitioner does not concern himself especially but which should ever be before him in order that he may give his patient every chance to recover from an affection, the cause of which it has been impossible for him to determine by a thorough and painstaking examination.

HISTORICAL ADDRESS.

Delivered at the Centennial Celebration of the Cumberland County Medical Society at the Cohanzuk County Club, Oct. 7, 1919.

By THOMAS J. SMITH, M. D.,
Bridgeton, N. J.

My Brothers of the Cumberland County Medical Society and our Friends who are present with us:

I congratulate you upon our happy coming together to-day for the observance of the one hundredth anniversary of the founding of our society. Its one hundredth birthday occurred one year ago but, on account of the war troubles in which we were then involved and the absence of so many of our members in the military service, it was thought best to delay its celebration for a time until the absent ones could be with us again and join in the observance.

The information necessary for writing a history of medical affairs of Cumberland County I have not found. Search where it was confidently expected it might be found has not been able to elicit much from the obscurity of those bygone years, beyond what may be considered traditionary and conjectural.

Prior to 1748 this county formed a part of Salem County and was known as the Cohansey district from an Indian chief who then resided in this region. In that year a new county was created by act of the Legislature and named Cumberland after the Duke of Cumberland who, two years before, defeated the Pretender, Charles Edward, at the battle of Culloden. Cohansey Bridge was selected as the county seat, although, at that time, it contained only about a dozen houses and these were on the west side along Broad street. Even at the time of the Revolutionary War, the population numbered only about 200.

The inhabitants were so few and so widely separated at the first settlement of the county, that a practitioner of medicine could not, by his profession alone, obtain

a livelihood and the treatment of diseases, as is usually the case in newly settled countries, fell into the hands of cautious old women and ignorant pretenders. It is quite probable that our pioneers had occasional recourse to the medicine man of the aboriginees, who had some knowledge of the medical properties of many of the indigenous plants and used them with not infrequent success. Some of their external appliances as styplics and cataplasms, and internal remedies, as emetics, sudorifics and cathartics, were doubtless used with occasional benefit. There is a history of New Jersey published in 1765, which says that "the Indians were very studious in observing the virtues of roots and herbs, by which they usually cured themselves of many bodily distempers, both by outward and inward applications." It is traditionary that in the old French Colonial War in 1756, when the necessary appliances for wounds could not be procured, or only with the greatest difficulty, the Indians were observed by the regular army surgeons, to prepare the bark of the slippery elm and make excellent poultices of it for gunshot and other wounds. The surgeons found this preparation to be an excellent substitute for poultices of bread and milk. Many other Indian remedies have found their way into regular practice and are described in works of therapeutics.

The practitioners of medicine, in the early settlement of the country, were generally self-constituted. The accidental possession of a few medical recipes or a medical book, with a knowledge of some of the remedial means of the aborigines, were their principal qualifications. As the population of the country gradually increased, a better and more intelligent class of practitioners succeeded.

It is difficult, at the present time, to ascertain the names of the medical practitioners in the country from its first settlement about 1680 until Elijah Bowen commenced the practice of medicine at Shiloh in the year 1730. It would be interesting to know who preceded him, who his contemporaries were, if he had any, who some of his immediate successors were, the extent of their literary and medical acquirements and what books they read.

It will be profitable to note the careers of some of those old worthiest who came into the field and were successful practitioners from Dr. Bowen's time until the organization of our society in 1818. They were well educated, worthy and dependable men, representing the first medical practitioners in Cumberland County whose profession was not subsidiary to some other calling as the main business of life.

James Johnson came to this country from England and settled in Roadstown about 1739. His practice was extensive, embracing a circuit of more than fifty miles.

Samuel Ward commenced the practice of medicine in Greenwich in 1760 and soon favorably impressed the community as to his natural and acquired skill as a physician.

Thomas Ewing was born in Greenwich and studied medicine under the direction of Ward and succeeded him in practice. He was one of the spirited young men concerned in the tea burning incident.

Benjamin Champneys graduated in both departments of the University of Pennsylvania and located at once in Bridgeton. His practice was large, both in Cumberland and Salem counties. He received a certificate of honorary membership in the medical society of Philadelphia in 1808.

Samuel Moore Shute practiced in Bridgeton. He was but a lad at the breaking out of the Revolutionary War but served as a lieutenant in the Continental line until its close. After the war he pursued the study of medicine in Dr. Jonathan Elmer's office. Probably, no physician ever lived in this county who so much beloved while living and so much lamented when dead. Prof. George B. Wood of the University of Pennsylvania, who was then a boy at his home in Greenwich, where Dr. Shute was the family physician, said of him, "I could trace my first thoughts of choosing the medical profession to my great esteem and affection for Dr. Shute and my wish to be like him."

Jonathan Elmer, the first of the Elmer family to become a physician (five have since practiced medicine in Bridgeton), attended the first course of lectures given by the University of Pennsylvania and was one of the ten men that constituted its first graduating class. The year following his graduation he wrote a paper that was read before the American Philosophical Society. In 1787 he was chosen the president of our State Medical Society. In the following year he was elected to a seat in the U. S. Senate. He always retained an interest in medicine and took pleasure in the fellowship of his professional brethren.

Ephraim Bateman was a student of Dr. Jonathan Elmer. He graduated at the University of Pennsylvania in 1803 and located in Cedarville. He soon acquired an

extensive practice in the townships of Fairfield and Downe. His advice was often sought in consultation. In 1813 he was elected to the New Jersey Legislature and in 1815 to the U. S. House of Representatives, where he served three successive terms and was then elected a State Senator. During its session he was elected to the Senate of the United States. His son, grandson and great grandson successively followed him in practice at Cedarville.

William 1st was the youngest son of Dr. Jonathan Elmer. He was a good English and classical scholar and was thoroughly educated as a physician. After locating in Bridgeton he was the leading physician of the town. His health failed in middle life and he died at the early age of forty-eight years.

Ebenezer Elmer, a brother of Dr. Jonathan, was a medical student in his office. He served as regimental surgeon in the Revolutionary army. He attained the extreme age of ninety-one years. At his death he was president of the New Jersey branch of the Society of Cincinnati. He was a patriot and a citizen of distinction. He should be remembered by our profession for the strong influence he exerted in the organization of our Society in 1818.

Joseph Butcher graduated from the Jefferson Medical College in the year of its incorporation and chose Mauricetown as his field of labor. He continued in active practice for forty years. His steady hand and mature judgment were still frequently sought during the late years of his life. Four sons and a grandson have followed him in practice in Mauricetown.

William Belford Ewing, son of Dr. Thomas Ewing of Greenwich, graduated at Princeton and then at the University of Pennsylvania in Medicine in 1794. Dr. Ewing spent a long and useful life in the practice of medicine in his native town, having reached his nineteith year at the time of his death. He assisted in the formation of our society in 1818 and was elected president of our State Medical Society in 1824. Dr. Ewing was prompt in decision and action.

Ephraim Buck graduated at the University of Pennsylvania in 1817 and located in Bridgeton. His pleasing address and medical skill soon procured for him success in practice. He held an influential position in society. The cause of temperance had in him a warm and uncompromising friend. For many years he was an active member of the Cumberland County Bible Society.

Isaac H. Hampton received his diploma in medicine at the University of Pennsylvania when only seventeen years of age. He soon acquired an extensive practice in Bridgeton. His services were frequently called for many miles from home, as a regular attendant and in consultation. He was an especial favorite as an accoucheur. He possessed fine social qualities and was a fine public speaker.

Enoch Fithian began the practice of medicine in Greenwich in 1816. The widely extended area of his labors required great physical endurance as well as professional skill and experience; he was several times elected a delegate to the State Medical Society and was one of its censors for the examination of students applying for license to practice medicine.

The New Jersey State Society was organized in 1766 by sixteen members coming together in the City of New Brunswick for that purpose, and it awakens a flush of pride to know that ours was the first state in the country to so organize and thereby be better able to co-ordinate medical thought and aspirations. In 1816, the State Society observed its 50th anniversary. The enthuiasm aroused by this anniversary and a new act of incorporation the same year authorizing the institution of district societies for the different counties, developed into the formation of six county societies within about two years.

A district medical society for the County of Cumberland was organized in 1818, the year following the death of Dr. Jonathan Elmer and two years after the State's 50th anniversary. On December 8th of that year, nine physicians, Ebenezer Elmer, Wm. B. Ewing, James B. Parvin, Charles Clark, Lawrence Van Hook, Edmund Sheppard, Daniel C. Pierson, Isaac H. Hampton and Enoch Fithian, met in Bridgeton for the purpose of making the organization. Dr. Ebenezer Elmer was chosen president, Dr. William B. Ewing, vice-president, and Dr. Enoch Fithian, secretary. Drs. Elmer, Ewing and Pierson were then appointed a committee to frame a code of by-laws and regulations and to report at an adjourned meeting ordered to be held at Brewster's Hotel in Bridgeton January 8, 1819. At this adjourned meeting, Drs. Thomas W. Peck, Francis G. Brewster, William Steeling, John L. Smith, Holmes Parvin and William Elmer Sr. were admitted to membership, thus making the entire membership sixteen and the organization of the Cumberland County Medical Society was com-

pleted by the election of Dr. Wm. Elmer Sr. as its treasurer.

The by-laws and regulations presented by the committee and adopted by the society appear to have been comprehensive and definite. The second declares of whom it shall be composed, the sixteenth, the duty of punctual attendance upon all the stated meetings; the eighteenth and last article, provides for the amendment of any part.

The society, thus fully organized, was in successful operation for twelve years, when its regularly stated meetings became so scantily attended and so few of the membership manifested any interest in its transactions that after the meeting in April, 1830, this society, whose beginning was so auspicious and held out so much of promise, passed gently into a state of unconsciousness and so remained for eighteen years. Dr. Parvin, a worthy member, proposed to write its funeral sermon. We are not informed that Dr. Parvin ever delivered his funeral discourse. Many efforts at resuscitation proved unavailing until in 1848 the prolonged slumber was successfully broken. The Cumberland County Medical Society awoke to a newness of life on November 9th, 1848. Drs. Enoch Fithian, Ephraim Buck, Wm. S. Bowen, Jacob W. Ludlam, Wm. Elmer Jr., George Tomlinson and J. Barron Potter then made application to the State Society to reorganize our county society. A meeting of medical men convened at the Hotel of Edmund Davis in Bridgeton on November 29, 1848. Beside those above mentioned, Drs. Eli E. Bateman, B. Rush Bateman, Willets, Parker and Charles Butcher were present. At a meeting three weeks later, when the constitution was readopted, Drs. Hampton, Ewing, Holmes and Jos. Butcher were included in the membership. Since then, the society has been in continuous and successful operation and its stated meetings have been regularly and faithfully observed for the last seventy years.

At the annual meeting in 1828, it was resolved that a committee be appointed to wait upon all practicing physicians in the county who have not obtained a regular license and inform them that they are expected to meet the society in order to obtain a license certificate.

At the semi-annual meeting 1853, it was resolved that a committee be appointed to make a report on the relation of medical men to quacks. Drs. Newkirke, B. Rush Bateman and Elmer were appointed under this resolution and, at the annual meeting following, its chairman submitted an able report on this subject.

At the October meeting in 1867 it was resolved that the secretary be requested to prepare a petition to the Legislature, to be signed by the medical men of this county, for the passage of sanitary laws for this state. The Legislature did not regard this petition although it was also recommended by the State Medical Society and signed by the most distinguished men of the profession.

The annual and semi-annual meetings of the society, until the last few years, were always held in Bridgeton, which two hundred years ago was the Village of Cohansey Bridge, and one hundred years ago, the Village of Bridgetown; now the City of Bridgeton. In the more recent years, the semi-annual meetings have been held in other towns of the county for the convenience and encouragement of the members in those neighborhoods. The meetings have always been of a private character and attended only by members of the profession, except that held in 1819, when the address of Dr. Ebenezer Elmer was delivered in the court house. This address was probably one of general interest to the community.

In 1868, Drs. Robert M. Bateman, Enoch Fithian and J. Barron Potter were appointed a committee to arrange for a celebration of the society's semi-centennial anniversary. This was interestingly and successfully carried out that year.

The celebration of the eightieth anniversary was observed on December 8, 1898. The event was a happy one in every sense of the word. Cumberland County was the birthplace of the late Professors George B. Wood and Theophilus Parvin and one of the interesting features of the 80th anniversary was a toast, "Landmarks of Cumberland County," responded to most appropriately by Prof. H. C. Wood, a nephew of Dr. George B. Wood and one thoroughly familiar with this locality.

There have been only ten secretaries of the society. Dr. Enoch Fithian was the first secretary in 1818 and held the position three years. He was succeeded by Drs. Ephraim Buck and Wm. S. Bowen. After the reorganization in 1848, Drs. J. Barron Potter, Wm. Elmer H. W. Elmer, Mailly, L. L. Hand and Mander have discharged the duties of the secretaryship with fidelity and acceptance until 1910. Since then Dr. H. G. Miller has been our faithful secretary.

The funds of the society have been trustfully held by eleven of the most honorable

of our members and the treasury has been in a healthy state during the entire history of the society. It is said that the traveling expenses of its delegates to the State Medical Society were generously paid during the early years of the organization. The treasurers were Drs. Wm. Elmer Sr., Ebenezer Elmer, Ephraim Buck, Holmes Parvin, B. Rush Bateman, Nieukirk, Joseph Sheppard, Joseph Tomlinson and the present treasurer, Dr. W. L. Cornwell.

Patriotism has ever been a marked characteristic of our profession. Five members of the Medical Society of Cumberland County were in the service of their country in the War of the Rebellion. They were Drs. R. W. Elmer, T. E. Stathems, Joseph Sheppard, R. M. Bateman and Wm. L. Newell. They were all honorably discharged at the expiration of their terms of service.

When the late world war appeared to be approaching its crisis and our beloved country became involved in the conflict and a request was made for medical help, ten members of our society, nearly one-third of the membership, promptly stepped forward and offered their services. These were Drs. Sewell, Corson, Cornwell, Sheppard, Charlesworth, Mayhew, Winslow, Gray, Hatch and Webb. Fortunately they are all home again except Dr. Charlesworth, and are being held in the highest honor by their comrades and the entire community.

Throughout the ages, medical evolution has ever kept pace with intellectual development. During the age of barbarism, medicine was a species of sorcery and excited fear in the popular mind. During the ecclesiastical age, medicine became predictive and it was accepted with absolute credulity. During the metaphysical age, medicine was speculative and was accepted dogmatically. During the age of experience and outward observation, as in the early part of our century, medicine became empirical and specifics were demanded. During the present scientific age, these varied theories have disappeared and the scientific spirit and methods have taken their place. A new era in medical science commenced when the inductive system of philosophy passed into medicine. Observation and experimentation then began to precede conclusions and to overcome speculation. The great Sydenham was a man of many doubts and was loyal to truth rather than to authority. This is the scientific spirit and has made this century we are celebrating to-day an era of modern science. The pure science of nature, through scientific investigation, is the most influential doctrine of this century. Medicine has appreciated the advance of all the different departments of science and during these one hundred years, she has given to science many of its grandest truths. When this society was reorganized in 1848, medicine was an art rather than a science. We now have more knowledge of nature than formerly and no longer attempt to make art superior to nature. Increased knowledge of the nature and causation of disease had led to more effective treatment. The great advance in physical diagnosis and in the knowledge of the physiological action of drugs has wonderfully modified our use of remedies. Previous to 1848, nothing was known about infection, bacteria, toxins or antisepsis. Little was known about nervous or other organic diseases. There were no laboratories, no boards of health, except the microbes and the buzzards. There was not a hospital for diseases of children in this country until 1854. The study of neurology has done much to explain the cause of degeneracy and methods of reform. It has dispelled many harsh beliefs and improved many social conditions.

The insane, only a few years ago, were supposed to be possessed with an evil spirit or were sufferers of divine displeasure. Neurological study and research have taught us that insanity, like other forms of degeneracy, is a disease to be treated. Marvellous has been the advance in these one hundred years. At its beginning medical journals and societies were very few, now they are very numerous and thousands of medical students are pursuing finely graded courses of study, when formerly little study was thought to be needed.

Mention should be made of some of the more important medical discoveries and their effect on general medicine. During the first part of the century, the first great discovery in medicine was made. Oliver Wendel Holmes suggested the term anæsthesia for it and tells us in one of his books that "by this means, the fierce extremity of suffering has been steeped in the waters of oblivion." Before anæsthesia, patients sometimes preferred death to the pain of an operation. More difficult and better operations can now be performed for the relief of suffering and the prolongation of life. The discovery of anæsthesia was one of the greatest events of all time.

Another discovery, unparalleled in the history of medicine was that of bacteriology. The results that have followed it, such as

the knowledge of preventive medicine infection antisepsis, asepsis, serum therapy and sanitation, have widely broadened the study of medicine through its influence over etiology, pathology and the principles and practice of medicine. Pasteur undoubtedly laid the groundwork for bacteriology in 1858 and gave scientific form to the theories previously advanced by others. Many earnest workers aided in the farther development of his studies. Cohn, Bilroth, Lister and Klebs added greatly to our knowledge of the morphology of the micro-organism and other observers were doing much to establish the relation of micro-organisms to disease. The knowledge of minute organisms is teaching the origin of the infective diseases and the laws of their development.

A new era has been developed in the practice of medicine by giving to etiology and pathology many scientific truths through the study of microscopy and bacteriology. Sixty years ago, the uses of the microscope were limited. In 1856, Virchow introduced microscopical anatomy. By accepting the cell and germ theories, with the use of the microscope and scientific methods, he established the modern science of pathology.

Serum therapy, though still in its youth, promises brilliant results from its curative and immunizing properties.

Further study in the cause of many diseases developed the idea of serum therapy and gave new meaning to hygiene and sanitation and led to the adoption of such preventive means as Listerism, antisepsis and asepsis. Through preventive medicine, which is now being adopted on a scientific basis, infectious diseases may soon become unknown in civilized countries.

Increased diagnostic skill has done much for preventive medicine. Diagnosis is now attained through scientific precision in thought and observation and is arrived at by a process of reasoning, not by intuition as formerly.

As great as has been the progress in medicine during the century of our society's existence, there are still many problems that remain unsolved. Seneca said "that there is always something left to do and that, even after a thousand centuries, no one will lack the opportunity to discover more." Medicine is still an unfinished science and an imperfect art. The attitude of every true conscientious student of medicine is that of an humble seeker after truth. There is no science to-day that has made greater strides forward than that of medicine. The progress of the past insures that the problems of the future will receive earnest attention and solution. The medical prospects for the future are inspiring, for the doctor is becoming a self-sacrificing altruist and seeks prevention rather than cure. No one will then enter the medical profession, except from a pure love of humanity and a love of science.

Your historian has endeavored to perform the work entrusted to him the best he could in the limited time given. There is a mournful pleasure in studying the lives and work of those noble men who have preceded us in the practice of medicine and particularly those veteran brothers whose heads planned one hundred years ago the organization of this society. A corps of younger men, who have followed their worthy predecessors, meet to-day in this place to commemorate this day of our centennial anniversary. Our minds intuitively turn, at this time, to three estimable brothers, who have within a few recent years fallen by the way.

Dr. Henry W. Elmer died February 13, 1907, in the prime of life and in the midst of professional success, after a prolonged illness of two years. Dr. Henry, as he was affectionately termed by his host of friends, located in Bridgeton in 1871 and was that year made secretary of our society; he was re-elected annually to this position for twenty-four years. He was a member of the American Medical Association and of the New Jersey Medical Society. He was chairman of its Standing Commmittee for several years and its president in 1902. Although so fully engrossed in an extensive practice, he was also active in community service. He was a trustee of the West Presbyterian Church, vice-president of the West Jersey Academy and a director of the Cumberland National Bank.

Dr. Joseph Tomlinson died May 19th, 1913. He was the son of the late Dr. George Tomlinson, who died in 1892. He graduated in the arts from Williams College, Mass., in 1875, and in medicine from the College of Physicians and Surgeons in New York City. In 1887 Dr. Tomlinson came to Roadstown and continued the practice of his father and remained there until he located in Bridgeton in March, 1893. He was a Fellow of the American Academy of Medicine and a member of our State Medical Society. He was elected treasurer of our society in 1895 and held the treasurership until his death. The doctor rendered most efficient service in the founding of the

Bridgeton City Hospital in 1898 and was the leading surgeon in its service until the end of his life. He held a large and widely extended private practice.

Dr. Samuel T. Day graduated from the University of Maryland Medical School and settled in Port Norris in 1889, where he built up an extensive practice. He was a member of the county and State medical societies and a Fellow of the American Medical Association. He was greatly esteemed by his patients and the citizens generally. He was a faithful, active worker in the church and an earnest temperance advocate.

These were noble men, martyrs to the cause of suffering humanity. The chief object of human existence in this world is to honor God by helping our fellowmen. Our lives are not measured by the swinging of the pendulum or the beating of an artery. That life alone is long that answers life's great end.

Clinical Reports.

Convulsions with High Blood Pressure Without Nephritis.—Aubertin describes the case of a woman of 40 with high blood pressure, hypertrophy of the left ventricle, hyperplasia of the suprarenals, and convulsions, and yet the kidneys seemed to be practically normal. There was aortic insufficiency in this case, but in a second similar case the only assumption seems to be a primary hypertension.

Severe Case of Paralysis Agitans.—Dr. Fernandez, in Medicina Ibera, Madrid, reports this case. A woman of 79 presented continuous and intense tremor of the entire body, including the jaw and tongue. The tremor of the tongue had irritated it until it had swollen and hung pendent from the mouth, incessantly shaken by the intense tremor. The tremor was complicated by absolute rigidity of the whole body, as if it were one solid piece, and extreme difficulty in breathing and in swallowing completed the clinical picture. Tracheotomy is being considered.

Maggots in the Ear.—A full blooded Indian, aged 21, came to my office one evening, stating that on the previous afternoon a fly lit on his cheek, that he brushed it away but knocked it into his ear, and it crawled into the auditory canal. He tried to dislodge it but was unable to do so, although he thinks it flew out again in a few minutes. At 3 o'clock the next morning he was awakened by a severe earache, and later his wife got fourteen maggots out of his ear. On examination I saw moving about—and easily extracted— some maggots with small forceps. I then washed out the ear with boric acid solution and obtained at least seventy-five more maggots. They were about 2 mm. in length, and quite thin. The patient had no further trouble.—Otto H. G. Rosenkranz, M. D., Hoopa, Calif.

Dysentery and Edema.—Martin and Debard report five cases of dysentery with ascite, effusions in joints or edema in the legs, all without any signs of nephritis. All but one young man were about 40 years old, and the edema appeared during convalescence. It lasted from one to ten weeks. Only four other recent cases have been published, but older writers mentioned dropsy as comparatively common with dysentery. In the five cases described here, the edema was accompanied by polyuria and the urine contained large amounts of chloride, from 23 to 36 gm. instead of the normal average of 10 or 12 gm. The salt content of the blood was low, from 5.38 to 5.95 per thousand, instead of the normal 6.75.

Curability of Cirrhosis of the Liver.—Drs. Dufour and Le Hello, in Bulletins de la Societe Medicale des Hospitaux, Paris, assert that syphilitic cirrhosis of the liver is not the only form of cirrhosis that may prove to be curable. They here report two cases for which alcohol was undoubtedly responsible, and yet a clinical cure was realized under riuretics and tapping alone. The male patient was 51, and in four months he was tapped sixteen times, withdrawing an average of 16 liters each time. The woman of 50 was tapped twenty-five times within eighteen months, evacuating a total of 400 liters. Both patients have been apparently cured for over five years. No mercury or iodid was given.

Intestinal Obstruction.—Dr. W. H. C. Romanis, in the London Lancet, cites two cases in which there was enormous distention of the cecum, and it was gnagrenous, due to obstruction from cancer in one case and an impacted gallstone in the other. In a third case he removed 14 feet of ileum which had become gangrenous from strangulation in a small hole in the lower part of the mesentery. The patient made an uninterrupted recovery, and after the first week rapidly put on weight until in four weeks he was heavier than before the operation. At first there were six or seven loose motions daily, but when seen four months after the resection, he was having two soft motions daily and doing his full day's work with ease.

Removal of a Missile from Pericardium.—Dr. Skirving removed a piece of chapnel casing from the posterior surface of the heart where it had become embedded in adheisons. It had been lodged there for four months. Skirving exposed the heart through on incision extending from the center of the sternum at the level of the sixth costal cartilage along that structure outward and downward to its union with the rib. Ether and oxygen in varying proportions was administered through a tracheal tube connected with the usual apparatus for tracheal insufflation (Meltzer's method).

Large Ovum.—Dr. M. L. Perez, in Semana Medica, Buenos Aires, reports the successful delivery of an apparently healthy child weighing 5,530 gm. at birth. The mother of 24 had had one healthy child and two abortions and gave a negative Wassermann reaction, but a years or two before had responded positively to the test and had taken a course of mercu-

rial treatment. Both of the patients were medium sized. All the membranes were unusually large so that the case as one of "large ovum" (7,530 gm.) and not merely an extra large fetus. There is every probability that syphilis was a factor in the disproportionate size of the ovum.

Retroversion of Gravid Uterus.—Dr. R. B. Eccles, in the London Lancet, reports that he replaced the uterus by the knee elbow position and then introduced a Smith-Hodge pessary to keep the uterus anteverted. There was complete atony of the bladder, and the catheter was passed every six hours for eight days. The patient made an excellent recovery. At the end of the fifth month of pregnancy Eccles removed the pessary. Four months afterward the patient gave birth to a fine, healthy male child, the labor being quite normal.

Prolapse of Gravid Uterus.—Dr. J. Anderodias, in the Jour. de Med. de Bordeaux, reports the case of a woman of 31 who for ten years, from immediately after her first pregnancy had had the cervix of the uterus protrude from the vulva. At the age of 24, a malformed infant was born. At 27 a laparotomy with hysteropexy only transiently reileved the prolapse. The protruding cervix was 8 or 10 cm. long and during her third pregnancy it became ulcerated. In four similar cases in his service the pregnancy went to term in all and delivery was spontaneous. The period of dilitation was longer than usual, and laceration was common. In his four cases labor lasted from four and a half to fifteen hours, and there was no morbidity.

Enlarged Thymus Gland.

Dr. Richard C. Newton, Montclair, reported this case at the meeting of the Amer. Climatological Clinical Association. A young man, twenty years of age. He had always been in good health, weighed 145 pounds, and had an entirely negative personal and family history. Two weeks after a long swim in cold water following exhausting labor he began to complain of lassitude and loss of muscular vigor with some shortness of breath. A little later his neck, upper chest and shoulders, especially the right, began to swell with a soft edema. A number of maculae appeared, in clusters over the upper sternal region. They were a dark purple in color, and about the circumference of a dime. The loss of muscular tone as well as the dyspnea gradually increased. A loud double heart murmur developed and the patient appeared very ill. Two stereoscopic rontgenograms were taken and the thymus gland was found enlarged to such an extent that it covered all or nearly all of the anterior surface of the pericardium. X-ray treatments were begun and after the patient had received six at weekly intervals, he apparently recovered and resumed his normal life. A year later a second attack occurred which was preceded by a rapid run to catch a train and it was believed that this exertion induced the recurrence. The edema and dyspnea returned and the x-ray treatment was resumed, the patient being again free from edema after nine exposures. The heart murmur was again present, although milder than formerly. The improvement after a second series of x-ray exposures was only temporary. Two new stereoscopic plates of the chest showed a thymus still very large although possibly not so much so as in the first pictures. There was, however, in addition, considerable evidence that there had been an involvement of the lobe with tuberculosis. Nothing abnormal was found in his urine. The patient gradually became worse and an aueryism of the aortic arch developed with protrusion of the upper sternal region and a distinct tracheal tug. Edema of the feet, ankles, hands and wrists became marked and the patient suffered excruciating pain in the right arm and shoulder. He gradually became helpless and died March 31, 1919.

Abstracts from Medical Journals.

Organic Heart Disease in Children.—The importance of safeguarding the growing heart is shown by the large number of cases of organic heart disease among children. In New York it is estimated that 2 per cent. of all schoolchildren are suffering from organic heart disease. That all cases of organic heart disease in children are not due to rheumatic infection is brought out by a report made by Dr. Goodman in a series of cases studied in the Jacobi Ward in the Lenox Hill Hospital, in New York, where 80 per cent. of the cases were due to rheumatic infection, 16 per cent. to contagious diseases of childhood and 4 per cent. to development defects.—Dr. Julius Levy.

Cancer of the Stomach.

Dr. H. Hartmann, in his general review of this subject, in Presse Medicale, Paris, cites statistics showing the constantly increasing proportion of permanent cures after operations for gastric cancer. He has been able to trace 3 of his own patients cured for five years, 3 for six, 2 for seven and 1 for thirteen years, although he has lost track of the majority of his cases.

Traumatic Obliteration of Arteries.

Drs. Babinski and Heitz, in Archives des Maladees, tabulate the details of 106 cases of obliteration of an artery from a wound, classified according to the artery involved and outcome of the case. If the limb is immersed in a hot bath for a certain length of time, the oscillometer findings come to approximate those on the sound side if the obstruction to the flow of blood is merely a vasomotor phenomenon. There is no change in the findings under the hot bath test if there is actual obliteration. Collateral circulation may in time overcome the effects of the obliteration. A difference of more than 1.5 cm. mercury between the systolic pressure on symmetrical points in the two limbs is pathognomonic of obliteration of a main artery if an aneurysm can be excluded and the limb is normally developed. In certain rare cases the circulation several months and years later finally approximated normal, but in a large number two years later there is still a difference of from 3 to 6 cm. mercury between the pressures. The majority are between these extremes. In a large proportion the total cases the obliteration was the result of a ligature applied to the artery to arrest hemorrhage.

Syphilitic Epilepsy.

In an article in Annals des. mal. ven., Paris, Drs. Levy-Bing and Gertvay, cite thirteen cases of syphilitic epilepsy among soldiers. This condition may come at any stage of the affection, and is not infrequent in both the second and tertiary stages. Heredity may be of importance as to nervous antecedents. The epileptic attacks cannot be told from those of idiopathic epilepsy. The following points assist in diagnosis—first, a history of syphilitic antecedents; second, age of patient at time of first attack; third, Wassermann reaction; fourth, lymphocytosis in the cerebro-spinal fluid; fifth, presence of Argyll-Robertson pupils. Mercury and iodides or salvarsan will be of benefit, and a cure may be pronounced provided the epilepsy is not a symptom of severe cerebral lesions of syphilitic origin.

Exophthalmos in Nephritis.—Dr. P. J. Rondopoulo, in Bulletin de la Societe Medicale, Paris, reports from Athens, Greece, a special study of the frequency of exophthalmos of the Graves type in a series of fifty-two cases of subacute or chronic nephritis. In two cases there were noted ophthalmascopic signs of exophthalmos and a positive Graefe sign. In one of these patients, moreover, there was a positive Moebius sign and in the other a positive Stellwag's sign. In neither case was the thyroid gland enlarged. The frequency of exophthalmos in this series was thus only 3.8 per cent. The author thinks the symptom occurs oftenest in cases of nephritis with incipient or manifest uremia. True exophthalmos of the Graves type may easily be overlooked unless the examination is carefully made by one trained in ophthalmology.

The Surgical Complications and Sequelae of Influenza.—Dr. John B. Deaver, at a meeting of the Philadelphia County Medical Society, stated that George B. Wood in the Fifth Edition of his Practice of Medicine, described an outbreak in Rome in 1850 during which 9,000 persons are said to have died of the disease. In several recently recovered cases of influenza coming to operation for intestinal obstruction the intestines were knotted and bound down by plastic exudate and adhesions somewhat resembling a tuberculous peritonitis. While the impression was gained that this was the direct result of the influenza there was no positive evidence of the fact. Many of the increased number of cases of appendicitis in influenza years are most like so-called pseudoappendicitis due to the gastrointestinal symptoms frequently part of the syndromé of influenza; others are undoubtedly genuine appendicitis resulting from the increased virulence of the usual intestinal micro-organisms, and particularly from a predisposition on the part of the patient to appendix trouble. The explanation of lowered resistance and diathesis undoubtedly serves for the various neuralgias, diseases of the bones and joints, as well as for phlebitis, parotitis and other resulting conditions requiring operation. The recognition of pus in the thoracic cavity is of the utmost importance to the surgeon. When the fluid is seropurulent or purulent withdrawal by aspiration is desirable as a preliminary step to thoracotomy or rib resection. A rational operation for empyema is the one devised by Lilienthal in which a wide opening in the thoracic cavity is obtained by means of a long costal incision and wide rib spreaders. The wound is closed completely except for a wick of rubber tissue at each end of the incision. In the streptococcic pleuritis observed in epidemics of pneumonia occurring during the past year at the various training camps late operation, rather than early as in the pleuritis following ordinary lobar pneumonia, gave the better result. It is desirable that all pneumonia cases at the end of the second week be subjected to x-ray examination for early detection of the presence of fluid not evidenced by physical signs. Dr. Henry K. Pancoast states that effusion in influenzal empyemas shows a ready tendency to become plastic and to wall off. In such cases the pleura becomes thickened and the lungs are crippled by the resulting adhesions. In the total thirty-five cases treated by us thirteen were interlobular empyemas, several of which had ruptured into the lung, and in one instance pus from the general cavity had broken through into the lung. Thoracotomy, except in rare instances, is decidedly not the proper procedure in these cases. The operation of choice for empyemas is rib resection, opening the pleural cavity and exploration with the gloved finger or hand, flushing and wiping the cavity with Dakin's solution and providing continuous and free drainage until the fluid returned is practically sterile. Closure of the wound is a matter of circumspection unless there is a free expansion of the lung. In our thirty-five cases of influenzal empyema our mortality has been 11.6 per cent.

Secondary Jejunal Ulceration.

Dr. Carnett Wright, in the British Jour. of Surgery, says: Where the preliminary operation has been an anterior gastro-enterostomy, with or without entero-anastomosis, the gastro-enterostomy should be undone—the opening in the stomach closed in the usual way and the small intestine dealt with as indicated. When pyloric stenosis is present, a large no-loop posterior gastro-enterostomy should be made, employing catgut sutures. Whenever possible the conditions should be restored and the stoma done away with. When a stenosis is present at the pylorus, the last condition can be accomplished by doing the Finney operation. In all cases postoperative care as regards diet, etc., should be exhibited for a long time.

Tonsillectomy and Rheumatism.—Dr. H. Nordlund, in Hygie, Stockholm, devotes nine pages to tabulation of the details of 30 cases in which tonsillectomy was done to ward off recurring polyarticular rheumatism or hemorrhagic nephritis. This effect was realized in nearly every case, a large number having been free from recurrence since the operation. The results seem to be equally favorable whether the tonisillectomy was done during an acute attack or during an interval. The benefit was equally striking also in the 12 cases in which hemorrhagic nephritis had followed an infectious sore throat. In 6 of the 7 acute cases in this category, marked improvement was evident, but no modification was apparent in the other case nor in 3 of 5 chronic cases; the other 2 displayed pronounced benefit.

County Medical Societies' Reports

ATLANTIC COUNTY.

Clara K. Bartlett, M. D., Reporter.

A particularly interesting meeting of the Atlantic County Medical Society was held Nov. 14th, 8.30 P. M., at the Hotel Chalfonte, Atlantic City.

Mr. Corwin, officer of the State Examining Board, addressed the meeting, advocating the annual registration of every doctor, at a cost of one dollar each. This would enable the board to more successfully combat the illegal practice of medicine within the state.

"The Determination of Renal Function," the subject of a paper by Dr. O. H. Perry Pepper, of Philadelphia, is of value for the purposes of diagnosis and prognosis, and gives data upon which to base treatment.

Three methods were given in detail: the phenol-sulphon-phthalein test; the blood-urea-nitrogen test, and the renal test meal. The first and last are easily made and are available to the general practitioner. But the blood-urea-nitrogen test is more complicated and requires laboratory facilities. Fixation of the specific gravity is one of the characteristics of chronic nephritis, and the value of the third method is based upon this test. If after the ingestion of large quantities of water the specific gravity remains the same, or about the same, as it was before the ingestion, the diagnosis of nephritis is warranted. Also, in nephritis, the administration of a diuretic, such as theocin, will not produce diuresis as it will when the renal function is not impaired.

"The Treatment of Mucous Colitis," was given by Dr. Walter A. Bastedo of New York. The prognosis must be guarded, one year being the shortest time required in which to effect a cure. To overcome accumulations of mucus, a weekly purge of castor oil or calomel and salts, or blue mass is needed; this in addition to colon irrigations. These irrigations should be given by a selected nurse, from 12 to 24 quarts of water are used, and they require from three-quarters to an hour's time.

If the constipation, always a symptom of this condition, is induced by ptosis, abdominal supports and exercise are indicated. Drastic cathartics are seldom employed; liquid petrolatum, small doses of salts or cascara, are most generally prescribed, but again tonic laxatives, such as senna, aloin and rhubarb, do better. These patients eat too little and must be urged to partake of a more generous diet, which should be of the bland farinaceous type.

The nervous symptoms accompanying this condition are varied. The patients are hypersensitive, lack initiative, tire easily, lack emotional control, both tears and laughter being easily excited.

In treating these symptoms it is most important that the patient be not allowed to coddle himself. He must get up for breakfast, although rest must be taken later in the day, preferably after luncheon. He must have occupation; at the same time he must be unambitious, both socially and in business. Recreation is necessary; golf, horsebackriding, all games in the open. But he must never get tired physically, mentally or emotionally, this is imperative.

To cure the accompanying colic, which varies from the slightest degree to the most severe paroxysms, atropine sulphate is the best remedy. Because of the chronic nature of these cases, morphine is not a safe drug and should be seldom used. Sodium bromide, in doses of 20 or 30 grains, acts well for both colic and nervous symptoms.

In the discussion following the papers, Drs. Carrington, Stewart, Stern, Darnall, Scanlon and Andrews took part.

In Atlantic City plans have been perfected for the opening on January 1, 1920, of a clinic for tuberculosis cases, and also one for venereal diseases. In addition, the city is to have its own laboratory, fully equipped for examinations of water, milk, etc., as well as for bacteriological and pathological specimens.

CAMDEN COUNTY.

Daniel Strock, M. D. Secretary.

The Camden County Medical Society held its annual meeting at Camden, October 14, and the following officers were elected: President, Dr. Edward B. Rogers, Collingswood; vice-president, Dr. Joseph E. Roberts, Camden; secretary, Dr. Daniel Strock, Camden; assistant secretary, Dr. William H. Pratt, Camden; treasurer, Dr. Milton M. Osmun, Camden; reporter, Dr. Grafton E. Day, Collingswood; historian, Dr. Howard F. Palin, Camden.

BERGEN COUNTY.

Raphael Gilady, M. D., Reporter.

The annual meeting of the Bergen County Medical Society was held at the Union League Club, Hackensack, October 14, 1919, President Dr. Swayze occuping the chair.

Officers for the coming year were elected as follows: President, Dr. Walter Phillips of Englewood; vice-president, Dr. J. R. Morrow, Oradell; secretary and reporter, R. Gilady, Hackensack; treasurer, Dr. David Corn, Ridgefield Park. Annual delegates to the State Society: Drs. D. Corn, J. B. Edwards, A. B. Spiegelglass, R. Gilady.

Dr. T. Caldrony, Ridgefield Park, was elected to membership.

MIDDLESEX COUNTY.

Herbert W. Nafey, M. D., Reporter.

The regular monthly meeting of the Middlesex County Medical Society was held at the Perth Amboy General Hospital, Wednesday afternoon, November 19th, Dr. L. P. Runyon presiding.

Dr. Forney, as chairman of the committee investigating the Curtis affair, reported for that committee, stating that the trial of this person had been concluded and a verdict of "not guilty of the practice of medicine" had been returned by the trial jury. It was also reported that this verdict was not in accord with the evidence as given in the case, and Dr. Forney asked the wishes of the society on the question, whether or not the case should be carried further. It was regularly moved and carried that the committee be empowered to employ counsel in order to prosecute this case as far as possible.

Drs. Allen Dean, John McGovern and G. De Marco of New Brunswick, were proposed for membership in the society and, according to by-laws, they were referred to the Committee on Ethics to report at the next meeting.

After the regular order of business had been completed a very interesting paper by Dr. N. N. Forney was presented, the subject of which was "Multiple Pregnancy." Dr. Forney went into the subject of the causes of this condition and its variations. He spoke of, and read the history of, two cases of his own in which this condition had been present, in one of which one pregnancy was tubal and the other intrauterine. In his second case a normal infant was born at term, followed by a second fetus of about six months, badly macerated and showing all signs of decomposition, but from which the mother had never shown any symptoms. Discussion of the paper by Drs. Saulsberry of New Brunswick, and Terrill of Perth Amboy, followed.

The society, after the adjournment of the meeting was invited by Dr. Fithian to inspect the new pathological laboratory which had just been established in connection with the Perth Amboy General Hospital.

PASSAIC COUNTY.

Peter Brancato, M. D., Reporter.

An unusually large attendance at the November meeting of the Passaic County Medical Society points to renewed interest in society matters, which the war had interrupted.

Shortly after assuming office, President Dr. Francis H. Todd invited to meet him some fifteen of the more energetic members as an advisory body in arranging a programme of work for the coming year. In conformity with this programme the main feature of November's meeting was the subject of "Hospital Standardization."

Dr. John C. McCoy of Paterson, who has been active for some years past in efforts made to elevate the standing of New Jersey hospitals, gave a very interesting and instructive talk on the matter. One gratifying point was that catholic hospitals, as well as others, are doing all that is possible to improve their work. He emphasized the greater service to the public in the matter, and the increased benefits to the profession. He also pointed out the desirability of keeping accurate hospital case records and of maintaining a follow-up system.

Dr. Walter B. Johnson presented a cured case of tempero-sphenoidal abscess occurring in the course of a chronic purulent otitis media on the same side of the head. The unusual feature was the fact that, at the suggestion at the time of Dr. McCoy, the entire operation had been done under novacaine anesthesia, thereby avoiding possible respiratory collapse under ether. He was congratulated by Dr. N. P. Tobsenz.

Dr. Joseph McClay exhibited a case of Hodgkin's disease, in which radium treatment had caused a total disappearance of a large mass of hypertophied glands in the left iliac region. The diagnosis had been made prior to radium treatment on the removal of some glands in the left femoral area. One treatment only had sufficed to bring about the good results, six months having now elapsed since the glands disappeared.

Dr. John C. McCoy moved to place the Passaic County Medical Society on public record as opposed to the pernicious practice of fee splitting by members of the profession. An amendment to the by-laws of the society rendering inelligible to membership in the society anyone detected in fee-splitting, will be voted on at the next regular meeting.

Summit Medical Society.

William J. Lamson, M. D., Secretary.

The regular monthly meeting of the Summit Medical Society was held at the Highland Club on Saturday, November 29, 1919, at 8.30 P. M., Dr. Bowles entertaining and Dr. Lamson in the chair.

Present—Drs. Bensley, Bowles, Campbell, Dengler, English, Falvello, Kay, Lamson, Moister, Prout, Reiter, Smalley and Tator (13 members), and Dr. Meeker of Summit as guest.

Dr. Lamson proposed an amendment to the by-laws, making the number of votes necessary to elect an honorary member a majority of the total membership, instead of two-thirds, as at present.

The paper was read by Dr. C. N. B. Camac of New York on "Serum Treatment in Pneumonia." He described the treatment as carried on at General Hospital No. 6, at Fort McPherson, Ga. In all cases of lobar pneumonia, Mulford's polyvalent anti-pneumococcic serum was used as a routine, without waiting for the cases to be typed. The technique was as follows: 2 c.c. was given subcutaneously, two hours later 3 c.c. and two hours later 5 c.c. Two hours later the remaining dose (20 c.c.) was given intravenously. In this way careful desensitization was obtained. It is necessary to look out for anaphylaxis in all cases. Many cases of serum sickness developed but none were serious. In the majority of the cases the temperature dropped in 24 to 36 hours, and there was a striking absence of the profound toxemia usually seen in lobar pneumonia. The mortality was 2.4% as compared with the usual 20 to 40% in such cases. He advised the use of the serum in private cases in general practice, without waiting to type the cases.

Academy of Medicine of Northern New Jersey.

The stated meeting will be held Wednesday, December 17th, at 8.45 P. M. sharp. After the regular business, including the election of several new members, an address on "War Neuroses" will be delivered by Foster Kennedy, M. D., of Cornell University.

The Section on Eye, Ear, Nose and Throat will meet Monday, December 8, at 8.45 P. M. Report of cases: "Epithelioma of the Cornea," by E. S. Sherman, M. D.; "Tuberculosis of the Pharynx," by H. B. Orton, M. D. Paper entitled "Some Observations on Nasal Sinus Disease and Its Surgical Treatment with Demonstrations on the Cadaver," by John E. MacKenty, M. D., surgeon Manhattan Eye, Ear, Nose and Throat Hospital.

The Section on Medicine and Pediatrics will meet on Tuesday, December 9th, at 8.45 P. M. After regular business and report of cases, Dr. Philip G. Hood will read a paper on "X-ray Man's Experiences in the A. E. F."

The Section on Gynecology and Obstetrics and Surgery will meet Tuesday, December 23rd, at 8.45 P. M., after business and report of cases, papers will be read by Dr. P. DuBois Bunting on "Benefits of Prenatal Care to the Mother," and by Dr. Julius Levy on "Benefit of Prenatal Care to the Unborn and Newly Born Infant."

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Each member of the State Society is entitled to receive a copy of the Journal every month.
Any member failing to receive the paper will confer a favor by notifying the Publication Committee of the fact.

NOTE—The transaction of business will be expedited, and prompt attention secured, if,—
All papers, news items, reports for publication and any matters of medical or scientific interest, are sent direct to The Editor.
All communications relating to reprints, subscriptions, changes of address, extra copies of the Journal books for review, advertisements, or any matter pertaining to the business management of the Journal are sent direct to The Chairman of the Publication Committee.

PAY YOUR DUES AND PAY THEM PROMPTLY.

All dues are payable in advance. The dues for 1920 are payable on or before January 1st, 1920. The amount of the annual dues is so small that it makes but little difference to you when you pay. But it is not so with your county society treasurer. If he does not have your dues before January 1st he has to write you one, two or more pleasant little letters urging you to "pay up." It does not make much difference to him whether you pay or not, but it will make much difference to you, if when the lists are printed you do not find your name there. If you think it does not make any difference, tell me, if when some of your friends asks you why your name is not in the list of men in your county who are rated as being in good standing, you do not feel a little bit humiliated to say that it is "because you did not pay your dues." This mortification is easily avoided by paying your dues promptly in advance.

Remember that the dues for the year 1920 *are due on January* 1*st,* 1920. *A word to the wise is sufficient.—W. J. C.*

Dr. George N. J. Sommer, chairman of our State Society's Committee on Scientific Work, gives this early request for volunteers to prepare papers for the next annual meeting of the Society. They will please notify him at an early date of their willingness to offer papers. Direct to him at 120 West State street, Trenton, N. J.

U. S. PUBLIC HEALTH SERVICE. ITS CARE OF OUR EX-SOLDIERS.

The medical, surgical and hospial care of the ex-soldier has been placed with the U. S. Public Helath Service and is under the direction of Surgeon General Blue, and in addition such medicines and appliances as may be needed for the treatment of those conditions that exist or may arise as the result of the soldier, sailor, marine or nurse's service during the recent war. To receive this care it must be revealed by examination or physical condition for which treatment is sought that it is the result of service in some branch of our military forces.

Thus the Government has made ample provision for the care of its discharged fighting forces. The service is free, to every ex-soldier, nurse, sailor or marine, providing their condition is one that was incurred in or resulted from their military service. There is no reason why any ex-military person should be deprived of this medical attention. All that is required is to call upon the nearest U. S. Public Health Surgeon, of which every county has one or more appointees, for this work. The appointements were made before the scope of the service was announced, thus avoding political influence from dominating the selection of the medical staff in each state.

POLITICS PLAYS WITH PUBLIC HEALTH.

The dictum of Disraeli that the car of the public health is of primary importance to the state seems frequently to have been taken by the politician to mean that positions in the public health department are primarily for his disposal. Newspapers coming from Hawaii indicate that the game has been played in that territory with all the old angles. About a year ago a new governor was appointed. At the time of his appointment the executive head of the public health department was a man who had been in public health work in Hawaii for some twenty-five years. During the time of his incumbency an organization was established that prominent public health authorities appraised as probably equal to any health department in the United States and better than the majority. The new gover-

nor removed the incumbent and appointed as head a business man—to be specific, a salesman of automobiles. According to the newspapers, the qualifications of the new health official soon were taxed to the utmost and he found himself somewhat in the position of a driver who holds the wheel on a car after the steering knuckle has broken. In an attempt to get out from under he involved himself with a local health officer, and according to the Honolulu papers the governor is now looking for a new head for the health department. One of the requirements is that he shall not be a business man—a knowledge of automobiles will not be considered necessary.—A. M. A. J.

ONE FORM OF AUTOCRACY HAS DISAPPEARED—IS ANOTHER TO TAKE ITS PLACE?

COMPULSORY HEALTH INSURANCE.

To deprive any citizen of the privilege of putting his life in the hands of a physician of his choice is un-American and it is equally un-American to compel a physician to attend a person in sickness when for a good reason he would like to be excused. If a man must submit his life to the dictates of a bureaucracy, such a man is robbed of his liberty and indenpendence as it is related to that which is above all things sacred to him.

Where is the justice or equity of discriminating legislation that would advocate a bureaucracy to control and dominate the members of the medical profession to the extent that such bureaucracy shall determine the personnel of a physician's clientele and the fee he may charge regardless of the qualifications attained and the specially skilful service rendered? One cannot be in sympathy with such a contemptible statewide lodge practice. Why should the members of the medical profession, who at present rank in qualificatons with that of any other profession or calling, be commercialized at the instigation of comparatively few apparently self-appointed ultra enthusiasts who pose as deeply interested in the physical welfare of the people of our commonwealth and who do not see fit to apply the same principle in every other line of human endeavor? It is just as un-American for a bureaucracy to determine the clientele of a physician as it would be to determine the clientele of a butcher, a baker, or a candlestick maker. There is no difference in the application of the principle.

The physical welfare of our people was never so well taken care of as now. Preventive medicine has made tremendous progress and is the outgrowth of work accomplished by the organized medical profession. Nowhere in our country was it the result of the importation of any foreign scheme that has brought ruin to the profession wherever adopted. This whole propaganda appeals to one as artful sophistry, a species of Michiavelianism.—G. E. H. in Penn. Med. Jour.

HEALTH INSURANCE.

The trend of opinion seems to be that Health Insurance laws will soon be passed in most of the states of the union and that it is of the greatest importance that physicians take a decided interest in the enactment of these laws in order not only that their rights shall be guarded but also that the profession's standing in scientific attainment and efficiency shall be maintained and advanced and the best health conditions of the people may thereby be promoted.

There is, and ought to be, no doubt in the mind of any man who has the welfare of humanity at heart that no law should be drafted and certainly none should be hurriedly passed without consultation with the medical profession, as its leaders surely are the most competent to deal with health problems. There should be as in Pennsylvania, a commission composed of one each of the ablest physicians and lawyers that can be secured and three or five other representing the industrial and labor interests, who will give the subject careful and if necessary prolonged thought, free from all political influence. Then let us have a bill that will guard and protect all and bless our common humanity.

To assist our readers in carefully considering this subject we insert the entire article that appeared in the April issue of *The Journal of Sociologic Medicine,* published by the American Academy of Medicine, Easton, Pa., as follows:

WELFARE INSURANCE.

As a contribution to the discussion of this pressing and perplexing question, we are glad to be able to present a report of a meeting held by the Philadelphia County Medical Society on the twelfth of February last. We are indebted to Miss L. C. Alexander for the preparation of the report.

THE WORK OF THE HEALTH INSURANCE COMMITTEE OF PENNSYLVANIA.

William Draper Lewis, Esq., Dean of the Law School, University of Pennsylvania:

I shall attempt to state exactly what the Health Insurance Committee appointed two years ago has been trying to do. By making a survey of typical but different districts of this city, of country districts, and of other cities of the State, the Committee has gathered certain facts regarding the quality, and the economic relsults of sickness among wage earners. Having this knowlegd, we want to ascertain the various plans in operation abroad, or which have been suggested here and find a solution of the problem encountered. The two main results of our investigations are that the actual amount of sickness in the community among wage earners and the days lost, the estimates running from 20 to over 50 per cent., are very much increased by the fact that the wage earner cannot afford to lay off when he is sick. The history of one case after another is that a man who is sick keeps on his feet and the sickness, which might have been only a short one, becomes a long and serious one. From the survey made in Kensington we found that while many workmen were not sick, the average number of days lost by the men was 36 days in the year. The charitable organizations helping our Commission, show sickness to be the greatest single cause of poverty and destitution, the estimate being between 40 and 60 per cent. This condition obtains in the family of the man who is steadily employed but who cannot afford to be sick. The problem with which we are struggling is that which is typical of the case of "John Callahan," as we have found it. This John Callahan was employed by a large corporation, had married young and had several children. He was a sober, industrious man and received good wages from the standpoint of similar work, sufficient to provide his family with nourishing food and to enable him to save a little money. John Callahan, however, could not afford to get sick, and when he did get sick all his savings disappeared. The doctor who had been attending him, who had been paid very little or not at all, continued to come; the grocer allowed him to run up bills, and the doctor and the grocer carried the load. Then Mrs. Callahan got sick, and after this the children, from being underfed; the family ran down hill until Mrs. Callahan took the young child to the hospital. Then it was that through the Social Service the family was restored to a self-supporting position. That "John Callahan" is alive to-day and at work, but he never will do a full day's work again. The thing I would emphasize is that the loss of wages, the result of sickness, fell upon the one man in the community who was least able to bear it. The question asked by the State of the Health Commission is, Is there any remedy for the problem of "John Callahan," any machinery of the State by which the incidence will not fall upon him by which when he falls sick he can get adequate medical care decently paid for? In Europe they believe they have solved it. I do not say that the system of England is right. I do not say that any particular insurance is right. What I do say is that the ecomonic loss from sickness must be removed from "John Callahan," if you want to do away with the destitution which you, as doctors, more than the average members of the community, are paying for. The problem is a big administrative one which affects your profession more than any other. I would like to see societies such as the Philadelphia County Medical Society appoint representatives to work with us over our collected material in trying to find a working plan which is practicable. I do not think any great insurance plan which would cover millions of people will ever be a practical success unless through it the medical profession is rightfully compensated from the point of view of members of your profession. I believe we must work out a plan by which the medical profession ceases to carry this burden which it is now largely doing. It is no more right that this burden should be carried by you than that it should be borne by John Callahan. It should be carried by the community in part, by John Callahan in part, and perhaps by the employer in part. Any important service in the community should be paid for adequately or the community suffers.

HEALTH INSURANCE AS A STATE POLICY.

Dr. John B. McAlister, Harrisburg: It is not my intention to present any arguments for or against health insurance as a State policy, but rather to present the sickness problem as developed by the investigation of the Commission. Sickness produces a problem between five and seven times as great as that produced by industrial accidents. In 1916 3,025,375 working days were lost in Pennsylvania through accidents, while approximately 16,800,000 working days were lost on account of illness. Among the facts obtained through investigation, it is noted that more than 385,000 employes in the State are constantly suffering from illness, and that the average loss of working time to employes in the State is at least six days each year because of sickness. At the nominal rate of $2 per

day, the wage loss to employes because of illness is at least $33,000,000. The average cost of medical care for every employe's family is between $30 and $50 per year. During the influenza epidemic anthracite coal production dropped behind 500,000 tons in a few days. The State spends over $6,000,000 every year directly for the treatment of sickness. In addition, $4,000,000 is spent for the maintenance of institutions for the care of defectives, due partly to the neglect of sickness. Sickness seems to be the principal single factor forcing the wage earner's family to seek help. Sickness was the primary cause of dependency in 50 per cent. of 5,000 cases studied in California and 42 per cent. of the 1,141 cases in New Jersey. In our own State the same general conculsions are borne out. The present facilities for medical care among wage earners are not satisfactory. The number of beds per thousand population is three and one-tenth. Authorities tell us beds per one thousand population is necessary. Sixteen of the sixty-seven counties in Pennsylvania have no hospital beds and nine other counties have less than one per thousand persons. When the cost of ward beds is beyond the means of probably half the employes of the State, when in a single year nearly 2,000,000 days of free hospital treatment were give and almost 900,000 persons patronized charity dispensaries, some change is needed which will make medical care available as a right and not a charity. 91 per cent. of all deaths of persons of working age in 1916 were from diseases whose connection with important Pennsylvania industries has been establishe l. It is claimed that one-half of existing sickness could be eliminated were preventive measures established. A large number of communities in the State have no active health work, and from 70 to 75 per cent. of the school children in the State are physically defective. Responsibility for illness rests upon the community, industry, and the individual, and these three groups are meeting the loss from sickness in wholly unequal shares: the burden on the individual is often disastrous and out of proportion to his individual responsibility. Whether the corrective distribution should be accomplished by an extension of existing voluntary insurance agencies, or by a system based on a modification of the English or rather European plan we are not prepared to say. We as a profession must face a great change in the social structure of this country. I believe there is no danger of health insurance legislation at this time, but the situation is similar to that of a few years ago, when the Workman's Compensation was under discussion and which suddenly became a law. Had the medical profession taken its part in the development of this legislation many of its present defects, so far as it applied to the profession, might have been prevented. I wish that every county medical society would appoint a special committee composed of its best constructive brains to study this subject alone, and if the commission is continued by the present legislature, that these committees will be prepared to meet with Commission and help it to arrive at a conclusion, so that we may avoid the bitter experience of the British medical profession.

HEALTH INSURANCE.

Isadore Stern, Esq., of the Philadelphia Bar: In 1817 the Pennsylvania Health Insurance Commission was established to investigate:

The Commission, after a year's study, asked for an extension of time to set forth its findings to the Legislature in 1921. I would like to suggest that the Philadelphia County Medical Society appointed a Committee to work with the Health Insurance Commission in making the report fair from the physicians' standpoint as well as from that of any other individual or group involved. Many questions arise in contemplating the subject of health insurance: Would the State be successful in its effort to compel the insured to go to designated physicians? How would the physicians be selected under a system of Health Insurance? What percentage of illness is genuine? Would the necessity of dental care be put on a par with vaccination? Could health insurance be inaugurated at a reasonable cost? The Commission is in the dark on these questions. The data in the hands of insurance organizations are based upon the results of medical examination and the only person insured are those able to pass the physical test required by the insurance company. Would the adoption of health insurance place all physicians on the payroll of the State at a standard subsidy? If physicians are to be standardized why not inventors, lawyers, painters and sigers? Should health insurance in its greatest estate not compel a regular periodical examination by a physician instead of supplying medical aid after the person is sick? If a system of health insurance can be devised which will satisfy both the employer and the empolyed, which will not humiliate

the employe by compelling him to consult a physician not his choice, or take against his will a form of treatment at a State institution; and if such insurance can be inaugurated at a reasonable cost, will not sifle individuality among physicians, or be paternal in its aspects, then let us have health insurance. Health insurance on any other basis would be contary to common sense.

Dr. Frederick L. VanSickle, President, Pennsylvania State Medical Society: I take it form what has been said to-night that the subject of health insurance as it relates to the physician, the public, and in its problems is just as far away from what we know of American practice as anything we can imagin. We are in the position of knowing nothing of the finished structure of health insurance. We must attack a problem with a certain amount of knowledge before we can discuss it itelligently. I feel that the Commission on Health Insurance has been very wise in not presenting to the legislature, immature, improperly constructed plans to be accepted unwillingly by the people. We have on our statute books the Workmen's Compensation Law,, which was framed without the consultation with the medical profession, which psysicians would have been glad to give. If the Health Insurance Commission continues in power and will open the door, I doubt not that the great profession of medicine in Pennsylvania will welcome an opportunity to collect facts and material and co-ordinate their work to assist this Commission. I have had opportunity of observing the effect of industrial conditions in many communities. I have encountered some "John Callahans" in my own experience. I remember very distinctly a John Callahan whose sickness problem was brought about by an evil which is now about to be eliminated. We do not as a medical profession believe that poverty is caused primarily by illness; but as President of the Medical Society of the State of Pennsylvania, I welcome this discussion tonight, feeling that it has wakened an interest among us as nothing else could possibly do, will do much toward arousing the medical profession to take the place it should have in the affaris of the State in such problems as the present. We should have the same right as the legal profession in determining the price which shall be set upon our services. I think that this Society and every other county society should have its committee interested in a health insurance measure which will protect the interests of the doctor. We are trying at Harrisburg to do something for the medical profession relative to the various medico-legal problems arising from year to year. Many times the medical profession has made mistakes because it failed to co-operate in these efforts. If health insurance must come it is highly important that we get together in the framing of a measure which will be equitable to the people and to the medical profession.

We offer no apology for giving so much space in this issue of our Journal to the consideration of this subject of Health Insurance. It requires careful study and very decided action if a faulty law is presented to our Legislature next month, as its passage would seriously affect the profession's welfare, not only, or mainly, financially, but —what is of vastly greater importance—the profession's scientific standing and its efficiency in practice, and the consequent damage it would do to the State and to the very classes it is supposed to benefit. We should oppose any such law as is now operative in Germany and England. It has been stated erroneously that the medical profession in those countries are satisfied with the present existing law. We refer our readers to the editorial inserted on page 448 entitled "An English Experiment in Social Medicine," which is taken from the A. M. A. Journal of November 29th. It seems to indicate dissatisfaction with existing laws and to suggest methods that would be acceptable to all parties interested.

The November meeting of the Academy of Medicine of Northern New Jersey was one of extraordinary interest both on account of the valuable papers presented by President Lambert of the American Medical Association and by Dr. W. P. Eagleton of Newark, and also of the social entertainment, with refreshments given in honor of the members who have returned from faithful Army Medical Corps service, who were present in large numbers. We congratulate President J. F. Hagerty on the present prosperity and the bright future prospects of the Academy during his term of service. The efforts to secure a permanent home for the Academy is meeting with decided prospects of success, several thousands of dollars having already been subscribed. It was the editor's privilege and great pleasure to partake of an excellent dinner given in honor of President Lambert by Dr. Hagerty in his home preceding the Academy meeting, at which President

Dickinson of our State Society and others were present. We are glad to announce that we have the promise of the papers of Drs. Lambert and Eagleton for our January Journal.

Before the next issue of our Journal we shall have passed our Christmas holiday season. As we recall the fact that it will be the ending of not only another year but also another decade, we wish every reader an unusually

Merry Christmas

May it be full of pleasurable recounting of God's goodness and of the proper and successful meeting of our opportunities and responsibilities in personal, professional and civic life.

An English Experiment in Social Medicine.

In England, the medical profession and the public are apparently in a state of readjustment. Social insurance in the four years preceding the war, the needs and emergencies of war times, and the discussion of the last year culminating in the creation of a national health ministry, all have combined to arouse and concentrate interest and discussion on the improvement of medical services. An experiment now being carried on in Glasgow is, therefore, of special interest. Dr. David McKail, lecturer on public health at St. Mungo's College, and Mr. William Jones, clerk and treasurer of the Glasgow Insurance Committee, have worked out a plan for a public medical service as a substitute for the social insurance scheme now in operation. Beginning with a criticism of social insurance, which they condemn for failure to provide any form of institutional treatment and for furnishing medical services to only about one-third of the total population, they propose to build up a complete medical service, furnishing unrestricted treatment to every citizen needing it, and involving the enrolment of the medical profession and the public control of all general hospitals and infirmaries.

The proposed plan is founded on the experience gained in efforts to meet war conditions, when for a time dispensaries were established in Glasgow for centralizing the patients of absent physicians. The city was divided into districts, and a consultation center established in each. The Bridgetown District, with approximately 100,000 inhabitants, is taken as a convenient unit for study. The volume of sickness as shown by the number of dispensary visits is found to be 3.11 per person per year, varying from a maximum of 7.5 visits for the first year of life to a minimum of 1.32 for ages from 15 to 25. House visits are found to amount to one-fourth of dispensary visits. This amount of professional work would require twenty-seven physicians, working thirty-three hours a week. A 25 per cent. addition for seasonal increases would necessitate a staff of thirty-three physicians, each of whom would have an annual vacation in the summer or fall. Births would average nine or ten a day, requiring four obstetricians. Minor surgery and various specialties would require six, making a total staff of forty-three medical men, exclusive of institutional and consultant service. These men are to be graded in three classes, according to age, experience, etc. Each junior would be allowed time and be required to do graduate medical work and special study with a view to his advancement in the service. Salaries would range from $1,500 to $2,000 for juniors, $2,500 to $3,500 for middle grades, and $4,000 to $4,500 for seniors. Provision is also made for dentists and for dental treatment. It is estimated that the expenses of such a medical service could be defrayed by a tax of 1s. 10d. in the pound, imposed in the same manner as the public health assessment, and that the entire expenses of operation could be supplied at an individual cost below the seven shillings capitation basis on which social insurance is now being conducted.

An interesting side light is thrown on the provision for free choice of physicians, under the social insurance plan now in operation. A careful study of the district shows that since the introduction of social insurance and the panel system in Glasgow, those affected have not made an effort to exercise any choice in the selection of physicians, but have gone to the nearest and most conveniently located physician. The advantages for the physician of the proposed public medical service are the limitation of working hours, the guaranteed adequate income, the avoidance of waste of time and energy, the opportunity for increased income, the accumulation of experience, and the opportunity for graduate and special work for every practicing physician. The advantages claimed for the individual are better treatment at a much less expense and for the community, economy of administration, and the prevention of a large amount of disease. The London Lancet[1] in commenting on the proposed plan, expresses the hope that the authors may have an opportunity of testing it, as success or failure would alike afford much needed experience.—A. M. A. Journal.

Miscellaneous Items.

New Jersey Conference for Social Welfare.

This conference was held in the Assembly Chamber, State House, Trenton, on November 19, 1919. Dr. Frank A. Fetter, president; Ernest D. Easton, secretary. The general topic was "The Next Steps in Social Welfare." The following subjects were considered: Family Welfare; Child Welfare; Rural Welfare. The Boy Problem; The Girl Problem; Health and Housing. President Fetter of Princeton deivered the annual address. Governor W. N. Runyon presented earnest and eloquent greetings.

New Jersey Sanitary Association.

The forty-fifth annual meeting of this association will be held in the Laurel-in-the-Pines Hotel, Lakewood, N. J., on December 5 and 6, 1919. President, Hon. Charles J. Fiske, Plainfield; secretary, Dr. Edward Guion, Atlantic City. The following papers compose the program: "Physical Training in Its Rela-

tion to a State Health Program," by F. W. Maroney, M. D.; "Mental Hygiene and Public Health," by C. C. Beling, M. D., of Newark; "The Future of Public Health Legislation; Lessons to be Learned from Experience in Camp and Cantonment Sanitary Engineering," by R. C. Wheeler, major M. C., U. S. A.; "The Underlying Causes of the Narcotic Habit," by Alex. Lambert, M. D., president A. M. A.; "Development in Public Health Nursing During the War and Reconstruction Periods," by Miss Ella P. Crandall, R. N.; "The Application of Rihabilitation Methods from War to Civil Life," by Col. F. H. Albee, M. D.; Symposium on Milk Control, conducted by A. Clark Hunt, M. D., chairman.

President Fisk's address will be delivered on Friday evening, December 5th.

Medical Fees in Industrial Accidents.

The schedule of medical fees provided by the law pertaining to industrial accidents dates back to 1905. Living conditions having completely changed, especially since the war, this schedule was no longer in harmony with the high cost of living. In view of this fact, the insurance companies, acting in accord with the delegates of the Syndicats medicaux de France, requested that Senator Bienvenu-Martin should serve as arbitrator in establishing a new schedule of medical fees in industrial accidents. The arbitrator so chosen has decided that the schedule in force at the present time shall be provisionally increased 100 per cent.

Doctors and Dentists to Have a Building.

A professional building of an unusual character is being contemplated by Harry Kruvant for erection at 757 High street, near Clinton avenue. Edward V. Warren as architect is preparing the plans. which call for an expenditure of about $500,000 for a structure to contain suites of offices for physicians, surgeons, dentists and other professional men. Involved in the proposition is the idea of professional co-operation and a combined use of professional facilities. In the seven-story building, which will have a frontage of 100 feet and a depth of 200 feet, there will be 100 suits, each containing an office, a reception room and a laboratory. On the top floor will be at least three operating rooms and in a wing of the main building there will be 200 private rooms for patients. In this wing there will also be quarters for nurses.

The First Month of Prohibition.—A recent issue of the Literary Digest cites statistics gathered from many cities showing the salutary effect of prohibition, though it admits that the month. strictly speaking, could scarcely be considered a "dry month." In California the effect of the first month of prohibition has been to cut the total number of arrests for all offenses by two-thirds. The arrests for drunkenness in that State have fallen to almost nil in the larger cities. In Chicago all phases of crime showed a decrease except murders, which remained stationary, and assaults which showed a slight increase. The inebriate ward at the Philadelphia General Hospital, which accommodated 3,481 cases in 1917 and 2,326 in 1918, closed its doors in July. The Philadelphia House of Correction had 302 men and 226 women inmates on July 27. This month in previous years brought an average of 1,000 men and 300 women. Boston tells the same story, fewer arrests, less illness, and fewer accidental suicidal deaths traceable to the excessive consumption of alcoholic drinks. The Boston Police Department records show that there had been a reduction of 50 per cent. in self-inflicted deaths compared with July, 1918. The New York Tribune, on the basis of figures prepared by the Police Department, reports a decrease of 15 per cent. in crimes of all kinds compared with July of 1918.

Organization Against Health Insurance.—The New York Federation of Physicians announces that the Kings County Professional Guild will call a mass meeting in the near future for the purpose of organizing the medical profession in opposition to compulsory health insurance. Persons desiring further information may communicate with the organizing committee at 207 East Tenth street, New York.

Army Medical Corps Items.

Honorably Discharged from the Medical Corps.

Members of the Medical Society of New Jersey.

Connelly, John A., Trenton.
Farden, Joseph L., Irvington.
Poole, Louis E., West Hoboken.
Weiss, Morris J., Bayonne.

Citation for Lt.-Col. McCoy.

The citation of G. O. 89, W. D., 1919, says: John C. McCoy, Lieut.-Col., Medical Corps, U. S. Army. For exceptionally meritorious and distinguished services. He served with conspicuous success as commanding officer of American Red Cross Hospital No. 11, at Jouy-sur-Morin, and Cheateau Thierry, from June to August, 1918. Although he was hampered with insufficient personnel and equipment, he nevertheless succeeded in caring for a large number of wounded men from the Marne, thereby rendering invaluable service to the American Expeditionary Forces. Home address 292 Broadway, Paterson, N. J.

Personnel of the Medical Department.

For the week ending November 14, there were in the Medical Corps 2,318 officers on duty out of a total of 30,591, the maximum number on duty Nov. 15, 1918; the Medical Reserve Corps contained 3,789 officers, an increase of fifty-two from the previous week.

Last Trip of Hospital Train.

U. S. Army Hospital Train No. 4, operated by the Medical Department of the Army, left New York, November 4, on its last trip to Denver. The patients on this train were tuberculosis cases, invalided from the Zone, and have been at Seaboard military hospitals, Otisville, N. Y. During the war more than 125,000 patients have been cared for by U. S. Army hospital trains, which have been under the charge of James S. Wilson, Col., M. C., U. S. Army, post surgeon at Hoboken, N. J.

Therapeutic Notes.

Acute Rhinitis.

Dr. J. A. Thompson, in the Ohio State M. J., reports very satisfactory results from the local application of the following prescription:

Atropine, gr. ss.
Adrenalin, gr. i.
Menthol, gr. xxiv.
Camphor, gr. xl.
Petrolat. liq.
Ol. amygdal dulc, aa q. s. oz viii.

Ulcers.

Dr. Morlet has devised an occlusive dressing for ulcers of all kinds, except syphilitic, which, by means of Balsam of Peru, lessens the abundant discharge and does away with its fetid smell:

Balsam of Peru
Bismuth subnitrate, of each, 15 to 20 gr.
Ichthyol
Glycerine, of each, 15 gr.
Water, 10 gr.

Clinical Observations on the Influenza Epidemic

Faill and Fairer, in the Practitioner for June, 1919, state that the treatment is thoroughly unsatisfactory. Quinine, sodium salicylate, aspirin, and salicin were all tried, but, so far as they could judge, without the slightest effect, and their use has been discontinued. All patients on admission were given a brisk purge —calomel followed by sodium sulphate. They were then usually placed on a simple diaphorectic mixture sometimes combined with digitalis; a large linseed poultice relieved the pain and rawness in the chest very rapidly. The ward was large and airy, and as it extended the breadth of the ship, cross-ventilation was assured. Sponging for hyperpyrexia gave great relief and frequently insured sleep, but in some cases hypnotics were necessary. They have found paraldehyde the most generally useful hypnotic. It hos, however, to be given in adequate doses.

Pleurisy.—Two French physicians, Loeper and Grosdidier have used hexamethylenamin intravenously in the treatment of thirty-two cases of pleurisy and they all resulted in recovery in from seven to twenty-five days with from five to twelve injections. The hexamethylenamin promotes diuresis and seems to help in the resolution of the pleuritis effusion. It also aids in the elimination of toxins and thus reduces the fever.

Vincent's Angina.—Dr. J. C. Dianderas, in Cronica Medica, Lima, describes a case in his own person in which Capsicum annuum seemed to act like a specific. He touched the lesions with triturated seeds in a semifluid paste, repeating the applications every fifteen minutes at first. Within thirty-six hours only slight traces were left of the gangrenous patches, and healing proceeded rapidly, although deep recesses had been left by the burrowing processes before they had been arrested by this topical medication. The burning from the first applications caused intense salivation and rhinorrhea but in three hours the fever had dropped and the relief was so intense that he slept tranquilly all night.

Whooping Cough Treatment.—Dr. Andrian in Progres Medical, Paris, asserts that whooping cough can be rapidly cured by three or four intramuscular injections of ether at 66 degrees, given every second day. The dose is 1 c.c. The series of four injections is rarely necessary, two or at most three usually suffice.

Pneumonic Complications of Pneumonia.—At a meeting of the Association of German Physicians in Prague in October last, Dr. G. A. Wagner reported that in the treatment of the pneumonic complications in influenza at the Prague Maternity Hospital, the intramuscular injection of 1 mil of adrenalin, repeated at intervals of three to four hours, displayed an extraordinary action in diminishing the excessive exudation. The author states that adrenalin diminishes the permeability of the capillary walls, and by this means prevents the rapid flooding of the lungs.

Ichthyol Internally in Urticaria.—Dr. L. Espin, in Revista Medica Cubana, reports six cases in adults and children in which marked improvement followed internal administration of ichthyol. In the first case the colored man had been tormented for nine months with intense itching, only briefly relieved by any measures. The itching was most severe in the palms and soles. It had begun eighteen months before, and of late it had become so intense that the man was unable to sleep. Espin gave him a pill of 0.25 gm. ichthyol and 0.10 gm. magnesium carbonate. He fell quietly asleep forty-eight hours later, and has had no signs of the urticaria during the year and a half since. In a case of urticaria following the eating of fish, the cure was not complete until ten days after the ichthyol had been begun. Others were cured in one or three days. The dose was reduced for a child of 9 to 0.15 gm. of the ichthyol and 0.05 of the magnesium carbonate. Espin does not attempt to explain the action of the ichthyol in these cases but his success in the otherwise rebellious cases speaks for itself.

Inunction of Creosote in Pneumonia and Influenza.

Dr. John E. B. Wells used the axillary inunction of creosote in a severe case of pneumonia. Within half an hour the patient sweated, and the temperature fell from 104° to below 100°; uninterrupted recovery followed. Since then he has made frequent use of this method with almost unvarying success. The method of administration for adults is as follows: 10 minims of pure creosote are gently rubbed into the right axilla with the finger. If necessary, a second dose may be given, this time in the left axilla for fear of blistering. The patient must be dressed in woollen or flannel and placed between blankets so as to avoid a chill after the sweating. For children the creosote is diluted with soap liniment, reducing the proportion of creosote according to

the age of the patients. For infants, in place of the axillary inunction, the writer has at times substituted rubbing the back and front of the chest with a liniment containing creosote. Practically all cases of influenza that came under the writer's care have been treated by rest in bed, plenty of fresh air, and the administration of creosote by the mouth. Half a minim of creosote shaken up with half an ounce of water is the simple mixture—the addition of half a minim of oil of peppermint makes it more palatable. Very few cases treated in this way will develop pneumonia. When signs of pneumonia developed the axillary in unction of creosote was nearly always followed by its abortion, or it was so modified that the patient recovered. When the pyrexia of influenza has gone, quinine or strychnine or both may be necessary.—British Med. Jour.

Conservative Treatment.—Further, in your treatment I advise you to be conservative. Don't be "blown about by every wind of doctrine"; don't take up every new thing which is brought forward in the way of treatment. Private practice is not the sphere in which to try experiments; new methods should be tried in hospital, where they can be tried under exact conditions. Do not conclude that the new thing is, necessarily, the right thing. As Clough said,

" 'Old things need not be therefore true,'
O brother men, nor yet the new,
Ah! Still awhile the old thought retain,
And yet consider it again!"

The old treatment has stood the test of time, and has, probably, in most cases, justified itself up to a point. Be sure, therefore, that the new is going to be better than the old before you adopt it. There are some men who are forever rushing after new gods, after every fresh synthetic remedy or after vaccines, for example, which they apply to their patients with only a partial understanding of their action.—Robert Hutchison. Some General Principles of Therapeutics, The Practitioner.

Hospitals; Sanatoria.

Hospital for Drug Addicts.—The Volunteers of America have established what is said to be the first absolutely free hospital in Baltimore for the treatment of drug addicts. The hospital has thirty-six beds. A second hospital will shortly be opened by the volunteers.

Middlesex General Hospital, New Brunswick.

The graduating exercises of this hospital's training school were held in the Y. M. C. A. building Wednesday evening, November 5th, President C. J. Carpender of the Board of Directors presiding.

The graduating class of four nurses was presented by Dr. James P. Schureman, president of the medical staff; Dr. A. L. Smith, presented the diplomas, and Rev. Dr. C. J. Culp of the First Presbyterian Church delivered the address.

Overbrook Hospital.

Because of the crowded condition of Overbrook Hospital, the Board of Freeholders will refuse to admit any more patients from outside the county. This policy was decided upon recently by the hospital committee of the board, upon the recommendation of Dr. Guy Payne, the medical superintendent. The number of patients now in the hospital was reported to be 1,821.

Salem County Memorial Hospital.

Dr. W. H. James, secretary of the hospital, reports for the month of October as follows: Number of patients admitted, 41; number discharged, 43; operations performed, 28; deaths, 1; births, 7; remaining in the hospital October 31st, 13.

St. Mary's Hospital, Hoboken.

Port of Embarkation Hospital No. 1, formerly St. Mary's Hospital, has been vacated by the military authorities and returned to the owners, the Sisters of St. Francis. The hospital is being put into shape by the quartermaster corps and is expected to be ready by the latter part of this month. The contract between the city and the Sisters of St. Francis for the care of city patients is to be renewed. About 30,000 men were taken care of at the hospital during the war.

State Hospital, Morris Plains.

There were remaining in the hospital, August 31, 1919, 2,710; admitted during September, 42; discharged during September, 57; remaining September 30, 1919, 2,695. The highest number for the month was 2,710, on the 1st.

The two treatment buildings, authorized for the State Hospital for the Insane, Morris Plains, are to be placed in front of the main building, one on each side of the main entrance road. That for the men will be close to the trolley station, and both will occupy present lawn space at the center. The new buildings will be two stories high, so that they will not greatly interfere with the view from the main building. Tunnels will be constructed, with a cable line, to connect the buildings with the main structure. They will cost $200,000 each, and house 100 patients each. A house for physicians has been started between the main building and dormitory building. This will be of brick, and will accommodate two families.

State Hospital, Trenton.

At a meeting of the Board held last month Superintendent Atchley reported in discussing the question of dangerous patients, that the immates of the criminal wing are particularly vicious and unless constant watch was maintained by the attendants and other officials they would be made the subject of attack. He referred to a recent attack made upon one of the attendants who was stabbed in the face by an inmmate with a piece of steel taken from a shoe.

Dr. Cotton reported that during October there were eighty-five admissions, forty-one men and forty-four women. A total of fifty-six were discharged during the month, twenty three of whom were men and thirty-three women. Deaths numbered twenty-three, seven men and sixteen women. Remaining under care at the end of the month were 1,872, consisting of 1,021 men and 851 women. Eighteen

operations were performed during the month and forty-eight tonsils removed. There were 433 x-rays made and twenty-nine treatments administered for paresis. In the laboratory there were 1,419 Wassermann blood and fluid tests made during October.

Morris County Tuberculosis Hospital.

The managers of this hospital—now known as the Shonghum Sanatorium, recently presented a report of the institution from its opening in the early summer of 1914 to July 1 of this year. During that time 197 persons were admitted and 174 discharged. Admissions by years were: 1914, thirteen; 1915, twenty-six; 1916, twenty-eight; 1917, thirty-seven; 1918, sixty-six; first half of 1919, twenty-seven.

During 1914, two patients died and one was discharged with disease active; in 1915, one was apparently cured, three discharged improved; four unimproved and eleven died. In 1916, seven were discharged improved, eight unimproved and seven died; in 1917, nineteen were discharged improved; seven unimproved and fourteen died; in 1918, twenty-five were discharged improved, sixteen unimproved and nineteen died. This year thirteen have been discharged as improved; six as unimproved and twelve died. At present there are about thirty patients in the sanatorium.

Bonnie Burn Sanatorium.

Dr. John E. Runnells, superintendent, reports that on October 1st there were 199 patients in the sanatorium, 112 males and 87 females, including 17 males and 31 females in the preventorium. During the month 24 patients were admitted, 14 males and 10 females. Five of these went to the preventorium, and there were four re-admissions. The admissions are classified as follows:

Pretubercular, 3; moderately advanced, 8; incipient, 2; far advanced, 10; glandular tuberculosis, 1.

The largest number of patients present at any time during the month was 199, smallest number 193. Patients present October 31st, 1919, 198. The average for the month was 195.7.

Value of Medical Statistics in Hospitals.

The physician in chief of the Peter Brent Brigham Hospital of Boston makes some interesting statements regarding medical statistics in the recent report of the hospital. After inserting the usual tables of statistics, he made the following comment: "The value of such tables as well as the value of a considerable part of the statistical report of the superintendent, such as those parts showing occupation of patients, nationality, etc., seems to me slight. They contain numerous unavoidable inaccuracies. They are too incomplete in some respects. For example, the fact that we treated forty-seven carpenters is of no practical value. If we stated what diseases these carpenters had, it might be of help as showing the diseases carpenters are liable to and help in their prevention. Here again to be of use, one should know the working conditions of these carpenters, for there is much variety in the work of carpenters. In other words, statistical tables present too incomplete a study to be of much service, if of any. The same is true of other features of these tables. I do not believe much use is made of them, and I consider that their space could be used to better advantage, or at least money could be saved to the hospital by their omission."

Recommendation is made that the data be compiled and published at five-year intervals. The criticism in the report may be misleading. The physician in chief was criticising the inadequacy of existing statistics rather than statistics as such. It is probably true that much of the statistical data, in small hospitals at least, is not used or cannot be used to any particular advantage. This may be because the data is not full enough and does not tell the whole story, or it may be that the number of cases is not sufficient for analysis. The criticism should be taken as a basis for revising case records and statistical data, so that the tables will tell a true story and so that all unnecessary data may be omitted. Time should, of course, not be taken to keep records which cannot be used, or when used can serve no definite purpose; but time should not be spared in the keeping of records and statistics on matters that can be interpreted only by the use of mass data.

Statistics on Insanity.—On Jan. 1, 1918, there were 239,820 insane patients under treatment in institutions in the United States. Of these, 231,048 were in public institutions, and 8,772 in private hospitals. Compared with the census of Jan. 1, 1917, there was an increase during the year of 6,406 patients in the public institutions and of 541 in the private, a total increase of 6,947. Of the 231,048 patients in public institutions, 207,705 were cared for in state hospitals; 22,443 in county or city institutions, and 900 in institutions for temporary care. The increases during the year in these hospitals were 5,681 and 139, respectively.—State Hospital Quarterly, Utica, N. Y.

Deaths.

BRADNER.—At Bradley Beach, N. J., November 20, 1919, Dr. Wesley K. Bradner, in his 68th year. He graduated from Bellevue Medical College in 1876. He was health physician at Bradley Beach. He had formerly been borough collector.

BROWN.—At Montclair, N. J., October 18, 1919, Dr. Willett Wells Brown, aged 36. Graduated from the New York Homeopathic Medical College in 1910.

BUSHEY.—At Camden, N. J., November 16, 1919, Dr. Sylvan G. Bushey, aged 53 years.

Dr. Bushey was born at Wellsville, Pa., in 1866; went to Camden thirty years ago expecting to become a druggist, but his warm personal friend, Dr. J. F. Leavitt, persuaded him to study medicine; he entered Jefferson Medical College, Philadelphia, from which he graduated in 1891 and began practice in Camden, but he had a stroke of apoplexy when his vision began to fail and he became totally blind and was compelled to retire from practice. He was a member of the Camden County and the

State Medical societies; also a member of the Camden Board of Health for 22 years. He was a charter member of Camden Lodge, No. 203, Benevolent and Protective Order of Elks; Ionic Lodge, No. 94, F. and A. M., and the Camden City and Camden County Medical societies. He was also a member of First M. E. Church. He was also a member of the Board of Directors of the Broadway Trust Company.

KEEFE.—In Elizabeth, N. J., October 24, 1919, Dr. Stephen Jackson Keefe, aged 52 years.

Dr. Keefe was born in Rahway, September 23, 1867; graduated from Rutgers College and in 1899 he received his diploma in medicine from the New York University Medical College. He began practice in Woodbridge, N. J., but in 1893 he removed to Elizabeth and practiced there where he built up an excellent practice, in recent years specializing in diseases of the eye, ear, nose and throat. He was a member of and active in the city, county and State medical societies and a Fellow of the American Medical Association. He was also a member of the New York Academy of Medicine and president of the Clinical Society of Elizabeth, and for a number of years was president of the local society for the Prevention of Cruelty to Animals; for many years he was one of the ablest and most active members of the Elizabeth General Hospital medical staff.

Dr. Keefe was a veteran of the Spanish-American War, having served as a first lieutenant and assistant surgeon in the Third Regiment, New Jersey Volunteers. Previous to the war, he had been hospital steward of the old Third New Jersey Infantry. During the recent war he was anxious to enlist in the Medical Corps of the army, but could not be accepted because of his health. He was a member of the Military Order of Foreign Wars, New Jersey Commandery; Washington Lodge, F. and A. M.; Mystic Shrine and Elizabeth Lodge No. 289, B. P. O. E.

At a special meeting of the Union County Medical Society held Oct. 26, 1919, the following minute was adopted:

That in the death of Dr. Stephen Jackson Keefe this society has lost one of its ablest, most useful and beloved members, and desires to extend to the bereaved family its most sincere sympathy.

NEWTON.—At the Mountainside Hospital, Glen Ridge, November 13, 1919, Dr. Richard Cole Newton of Montclair, from apoplexy, aged 68 years.

Dr. Newton graduated from the College of Physicians and Surgeons, New York City, in 1877; practiced medicine in Montclair; was surgeon in the United States Army from 1880 to 1889; was editor of the Journal of the Medical Society of New Jersey the first two years of its existence, 1904-1906; was a member of the State Board of Health for two years; a member of the staff of the Mountainside Hospital, Glen Ridge. He was a member of the Essex County and the State Medical societies and a Fellow of the American Medical Association. He was a specialist in tuberculosis. He was noted as a long distance walker.

Personal Notes.

Dr. Fred H. Albee, Colonia and New York City,, has been released from military service and has resumed practice in orthopedic and reconstruction surgery in New York City.

Dr. James S. Brown, Montclair, won a well-contested game of golf at the Pinehurst, N. C., golf links recently.

Dr. William G. Shauffler, Lakewood, has been promoted to a full colonelcy in the Medical Corps, U. S. Army. The doctor has recently returned from Coblenz, Germany, where he was practically in charge of the city. He has spent twenty-six months in most faithful army service.

Dr. Cadwel' B. Keeney, Summit, received a service medal at the meeting of the Passaic Valley Chapter of the Sons of the American Revolution, on December 5th.

Dr. George B. Philhower, Nutley, was ill with pneumonia last month.

Dr. Edward S. Phelan, Newark, was recently robbed for the third time within a year, this time of a bag containing a blood-pressure machine and several surgical instruments which were taken from his auto.

Dr. John W. Clarke, Lyndhurst, has been quite ill from heart disease.

Dr. Elias M. Duffield, Glassboro, was recently elected senior grand tall cedar of the Tall Cedars of Lebanon.

Dr. Henry P. Dengler, Springfield, enjoyed a hunting trip to Barnegat recently.

Dr. Robert E. Soule, Newark, late Major M. C. and Chief of Surgical Service, U. S. Army General Hospital 41, has reopened his office at 671 Broad street, Newark, and resumed service at St. Barnabas' Hospital, in bone and joint deformities—clinics 11 A. M. Monday, Wednesday and Friday.

Dr. Marcus A. Curry, Greystone Park, is reported in The Psychogram as having made his first appearance on the golf links on October 18th for the first time in four years and it is added that "he hit the golf ball perfunctorily without damaging it a bit."

Dr. George R. Hampton, Greystone Park, and wife spent two weeks last month at Walnut Point, Conn.

Dr. William H. Lawrence, Summit, organizer of Ambulance Company No. 33, spoke in the M. E. Church, Summit, at the armistice anniversary observance.

Dr. Clement J. Halperin, Newark, has been appointed assistant visiting physician to the Department of Dermatology and Syphilology at Bellevue Hospital.

Dr. Raymond D. Baker, Summit, has been advanced from major to lieut.-colonel, medical corps.

Dr. Horace M. Fooder, Williamstown, was elected a member of the New Jersey Assembly from Gloucester County.

Dr. Walter Madden, Trenton, was elected surrogate of Mercer County in November.

Dr. Harry A. Vaughan, Morristown, has gone to the Methodist Deaconess' Sanatorium at Alburquerque, N. M.

Dr. Lewis B. Hoagland, Oxford, has sold his farm equipment on the Post's Island Farm.

Dr. William J. Lamson, Summit, has presented a check to the Chemical Engine Company of Summit in appreciation of its services in extinguishing a fire in his house.

Dr. Thomas P. Prout, Summit, spoke at a meeting of the Fortnightly Club there on Defectives. He stated there are between 12,000 and 15,000 defectives in the state; that the state institutions for defectives were so crowded, another institution was needed in Northern New Jersey. He believed nation-wide prohibition was one of the chief means for the prevention of defectives.

Dr. Frederick W. Flagge, Rockaway, has recovered from a severe illness.

Dr. Henry A. Henriques, Morristown, held a reunion of their family at their home on Thanksgiving Day.

Dr. Henry W. Kice, Wharton, addressed the Morris Council, No. 541, Royal Arcanum, recently on "Democracy."

MEDICAL EXAMINING BOARDS' REPORTS.

	Exam.	Passed.	Failed.
Alabama, July	22	18	4
Maine, July	31	30	1
New Jersey, October	26	25	1
North Caroline, June.	68	59	9
Virginia, June	49	44	5

Admits Women to Medical School.

For the first time in its history the New York University Medical College has enrolled twenty women on its roster of students. These women will have equal privileges with the men, attending the same classes, and working in the same laboratories and clinics.

Effort to Standardize Medical Education.—A conference was held recently in Boston by the faculty of the Boston University Medical School with officials of national organizations that are trying to standardize medical education. It is reported to have been proposed, by Dr. George Royal of Des Moines, Iowa, chairman of the Council of Medical Education of the American Institute of Homeopathy, and by Dr. G. M. Cushing of Chicago, a member of the Illinois board of registration, that in addition to the four-year college course, one year in a hospital be required of the student before he be given a license to practice medicine.

Rockefeller Gift of $20,000,000.—The sum of $20,000,000 has been placed at the disposal of the General Education Board by John D. Rockefeller for the purpose of improving medical education in the United States. The income of this amount is to be used currently, and the entire principal to be distributed within fifty years. No plans have yet been made for its use, but it has been announced that it may be expected that substantial financial aid may be given to the five great medical centers of this country—New York, St. Louis, Baltimore, Chicago, and Boston. None of the money will be spent on educational propaganda, but will be expended directly and practically. Abraham Flexner, secretary of the board, is reported to have said that large sums will be used for the improvement of the hospital facilities, the teaching staffs, and the laboratory facilities of such schools as are decided to be worthy of help, and that a general survey of the schools of the country would be made in order that the needs of all parts of the United States could be considered in the distribution of the money.

Public Health Items.

What YOU Can Do to Give Each Child a Chance at Health.

SEE THAT—

A Weighing Scale is placed in every school.

Time is allowed every school day for the teaching of health habits.

A Hot School Lunch is available for every child.

Teachers are trained in all normal schools to teach health habits.

Every Child's Weight Record is sent home on a monthly report card.

These are some of the FIRST things to do for your school.—N. Y. Child Health Organization.

Our Duty to the Child.—This great war was fought and won for the sake of the children—the men and women of tomorrow. It is our duty to the child to assure the best possible physical and economic surroundings, to furnish proper food, to secure protection from disease, and to provide every means for growth and development of a healthy and perfect body.—Dr. R. M. Smith, Boston.

New Jersey's Death Rate.

During the month of October, 2,764 deaths in the State were reported to the State Department of Health, showing a death rate of 10.47. Deaths of children under one year of age, 477; over one year and under 5 years, 201; aged 60 and over, 963.

The Newark Health Department reports the total deaths in September 340; death rate per 1,000 population, 9.3, as against 12.4 in Sept., 1918; cancer, 35; tuberculosis, 29; Bright's disease and nephritis, 38. Number of primary cultures of diphtheria examined, 777; bone cases, 39. Tuberculosis—specimens of sputum examined, 184, containing tubercle bacilli, 42. Supervised babies, total, 4,615; deaths, 17; four before nurse visited baby. Supervised mother, total 1,057; mother's delivered, 59; living births, 54; mothers died, 1; babies died, under one month, 2; still births, 2; miscarriage, 1.

Diphtheria Closes Schools in Bound Brook.—The board of education on recommendation of the local health board closed all the Bound Brook schools except the high school last month because of increasing number of cases of diphtheria there.

Automobile Fatalities in Twelve Cities—1909-18

The Newark Health Department Bulletin, October, reports that in 12 cities, including Newark, representing in 1918 a population of 13,401,000 and 1,796 automobile fatalities there has been a continuous and increasing rise in the rate from 15.4 per million in 1909, to 1,340 in 1918. For the five years 1909-1913, it was in Newark 18.9; for the years 1914-1918, it was 109.1. For the same periods in the twelve cities it was 33.8 and 99.4 for the respective five year periods.

Continued on page XX.

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